

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Prater

or  
 Inc. Town of

or  
 City of

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48027

Registration District No. 309 Registered No. 15  
 (For use of Local Registrar)

(2) Full Name of Child Halbert Madison Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 8th (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 21, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Robert Smith

(9) PRESENT POSTOFFICE OF FATHER Heath R. P.O. #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Anderson, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Eric Annie Smith

(15) PRESENT POSTOFFICE OF MOTHER Heath R. P.O. #4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Anderson, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 2:30 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Acker M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Mar. 9, 1916 (28) R. Parker Plinson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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FORM NO. 2  
 PRINTED AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.  
 WITHIN PLAINLY, WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 M. D.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
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