

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

Orangeburg

Township of

Zion

or

Inc. Town of

or

City of

(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

74314

Registration District No.

3619

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Treber May Smoak

If child is not yet named, make supplemental report as directed

(3) SEX  
GIRL? *girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

June 28 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Kelly Oliver Smoak

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35  
(Year)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

Letter Carrier

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Georgie C. Smoak

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26  
(Years)

(18) BIRTHPLACE

Cape, S.C.

(19) OCCUPATION

house wife

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.

Orangeburg S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

Aug 8 1916

(28)

W. H. Duke

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.