

FORM NO. 6 MARGIN RESERVED FOR BINDING.

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

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. 41
(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) ~~BOY OR~~ GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Kelly Oliver Smoak

(14) NAME BEFORE MARRIAGE Georgie C. Smoak

(9) PRESENT POSTOFFICE OF FATHER Orangeburg

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Orangeburg S. C.

(18) BIRTHPLACE Cape, S. C.

(13) OCCUPATION Letter Carrier

(19) OCCUPATION house wife

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

(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 M., on the date above stated. (Born alive or stillborn) (Hour: A. M. or P. M.)

(23) (Signature) J. C. Deane

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

....., 191.....
.....
Registrar

(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.