

(1) PLACE OF BIRTH

County of Marlboro
 Township of Channahville
 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

5013

Registration District No. 3300Registered No. 1
(For use of Local Registrar)

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

(2) Full Name of Child Phoebe L. 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 19 27
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Alvin S. Smith MOTHER. (14) NAME BEFORE MARRIAGE Annabell Leek

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C. (15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (Year) (Year)

(12) BIRTHPLACE Al (18) BIRTHPLACE Al

(13) OCCUPATION Farming (19) OCCUPATION Iron Labor

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bonnie Alice at 9:00 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Margaret Hall (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is checked by mother)

(27) Filed July 16 19 27 (28) Ed Newton 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH A PENCIL. THIS IS A PERMANENT RECORD, and mark the N B—in case of TWINS OR TRIPLETS use a SEPARATE CARD FOR EACH CHILD, and mark the FIRST-BORN No 1 THE OTHER No 2 etc. in question 5

McGraw-Hill, Columbia, Columbia # 2