

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

88444

Registration District No. 502

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child

John Henry Smith

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH Dec 7 1916
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smith

(9) PRESENT POSTOFFICE OF FATHER Baldock S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 73 (Years)

(12) BIRTHPLACE Baldock S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Franklin

(15) PRESENT POSTOFFICE OF MOTHER Baldock S.C.

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

(18) BIRTHPLACE Baldock S.C.

(19) OCCUPATION Farm laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan M. Aldrich

(24) State whether Physician or Midwife Address of Physician or Midwife Midwife Baldock S.C.

Given name added from a supplemental report

(26) Witness J. L. Calhoun (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Dec 9 1916 (28) F. M. Boyd, M.D. 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.

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.

McCauley of Columbia