

(1) PLACE OF BIRTH

County of Lincoln
 Township of Smith
 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

13608

Registration District No. 3.9.5Registered No. 555
(For use of Local Registrar)

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

(2) Full Name of Child

Jacob M. Middleton

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

3. BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth ✓
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF

BIRTH May 10 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. H. Sandlin

(9) PRESENT POSTOFFICE OF FATHER

Smithville S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Smithville S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 3:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. A. Murchie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Smithville S.C.

Given name added from a supplemental report

(26) Witness

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

19.....
Registrar

(27) Filed

May 14 1912(28) J. T. Gallaway

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.