

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Union

Bureau of Vital Statistics

Township of Cross Keys

State Board of Health

File No. 53971 For State Registrar Only

Inc. Town of Registration District No. 4200 Registered No. 9
(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 Louise Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 30 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME John B Smith

(14) NAME BEFORE MARRIAGE Malissie Whitmore

(9) PRESENT POSTOFFICE OF FATHER Sebalia S.C. Pot #1

(15) PRESENT POSTOFFICE OF MOTHER Sebalia S.C. Pot #1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Union Co

(18) BIRTHPLACE Union Co

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer wife

(20) Number of children born to mother, including present birth } 2

(21) Number of children of this mother new living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) T. Tilly Humphreys

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

midwife Cross Keys S.C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed Mar 30 1916 (28) Dr. Mosley 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 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. M. Caw. of Columbia