

(1) PLACE OF BIRTH

County of UnionTownship of Cross Keys

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

53971

Registration District No. 4200Registered No. 9

(For use of Local Registrar)

St.; Ward)

(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</u> 191 <u>6</u>
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John B Smith(9) PRESENT POSTOFFICE OF FATHER Sebalia S.C. Pot #1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Malissie Whitmore(15) PRESENT POSTOFFICE OF MOTHER Sebalia S.C. Pot #1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Farmer wife(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 born at Union Co on the date above stated. (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

(26) Witness Clair Moseley (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 30, 1916 (28) Dr. Moseley 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.

McGraw, of Columbia