

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburg

or

Inc. Town of Glendale

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

91904

Registration District No. decRegistered No. 761(2) Full Name of Child Arthur Smith

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? Twin(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 13

FATHER.

(8) FULL NAME Silva Smith(9) PRESENT POSTOFFICE OF FATHER Glendale(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Haywood NC(13) OCCUPATION mill worker(14) NAME BEFORE MARRIAGE Sophie Stanford(15) PRESENT POSTOFFICE OF MOTHER Glendale(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34(18) BIRTHPLACE S.C.(19) OCCUPATION house keeper(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Glendale (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Mary Barker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

, 191.

Registrar

(26) Witness Mrs. Centier (Signature of Witness necessary only when question 23 is signed by mark)(27) dec 18 191. (28) E. F. Parker 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.

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THIS IS A PERMANENT RECORD.
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.