

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of York  
 Township of Bulletts Creek  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (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

75222

Registration District No. 4403 Registered No. 46  
(For use of Local Registrar)

(2) Full Name of Child Unnamed Smar (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1915</u> (Name of Month) (Day) (Year)
-----------------------------	--	------------------------------	-------------------------------------	--

**FATHER.**

(8) FULL NAME William Brooks Smar

(9) PRESENT POSTOFFICE OF FATHER Hickory Grove S.C.

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE York Co. S.C.

(13) OCCUPATION Farming

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Cassie Montrose Gove

(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove S.C.

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE York Co. S.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... born... alive... at 12:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Gove M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove S.C.

Given name added from a supplemental report

.....

..... 19 .....

Registrar

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

(27) Filed Aug. 16, 1915 (28) J. E. McTeley 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.