

(1) PLACE OF BIRTH

County of DurhamTownship of Smithor
Inc. Town of

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

44827

Registration District No. 4108 Registered No. 183

(For use of Local Registrar)

(2) Full Name of Child Raymond Lawton Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

To be answered only in case of Twins or Triplets

(5) Number in order of birth 8(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 12, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Henry Smith(9) PRESENT POSTOFFICE OF FATHER Orange S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Durham Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Ella McCreghan(15) PRESENT POSTOFFICE OF MOTHER Orange S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C. Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) D.L. Harris, M.D., St. Charles S.C.

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

Physician.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec. 22, 1915 (28) Oneb E. App. 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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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.

McNaw, of Columbia