

MAJOR IN CHARGE OF THE BUREAU OF VITAL STATISTICS  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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 2.

FILE NO.—For State Registrar Only  
**50732**

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Truman  
 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.)

Registration District No. 4311 Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child James Allen Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 29, 1911</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Walter Smith</u>			(14) NAME BEFORE MARRIAGE <u>Janie C. Phillips</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bloomer Well</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bloomer Well</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Sumter Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 4:30 A. M.  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kingston S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 1911  
 \_\_\_\_\_ Registrar

(26) Witness (Signature of Witness necessary when question 23 is signed by \_\_\_\_\_)  
[Signature]  
 (27) Filed M. A. P. C. (28) [Signature] 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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