

Form No. 1

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

File No.—For State Registrar Only  
 74696

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Campobello

or Inc. Town of ..... Registration District No. H.O.C. Registered No. 147  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Mollie Ann Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 19 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME J. P. Smith  
 (9) PRESENT POSTOFFICE OF FATHER Inman R2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE SC.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alice Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Inman SC R2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
 (18) BIRTHPLACE SC.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive 11:30 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mollie E. Ebo  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Inman R2

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. C. Capers  
 (27) Filed Aug 22 1916 (28) E. C. Capers 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.