

WE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 N. I McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.  
 McCaw.

(1) PLACE OF BIRTH  
 County of York  
 Township of York  
 or Town of  
 or  
 City of

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

File No.—For State Registrar Only  
**43053**

Registration District No. 7-0 Registered No. 4  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? M. (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1925  
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Madison Smith  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION Mill Work  
 (20) Number of children born to mother, including present birth 2

**MOTHER**

(14) NAME BEFORE MARRIAGE Erinada M Childs  
 (15) PRESENT POSTOFFICE OF MOTHER York  
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years) 23  
 (18) BIRTHPLACE  
 (19) OCCUPATION W. H.  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born born alive at 2:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. N. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 191 (28) 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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