

WE N. E.—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 2.  
McCaw,

(1) PLACE OF BIRTH

County of Leflore  
Township of Union  
or  
Inc. 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. 7-09 (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  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Mr. Smith  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION Miner

MOTHER

(14) NAME BEFORE MARRIAGE Irma M. Childs  
(15) PRESENT POSTOFFICE OF MOTHER Leflore S.C.  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE  
(19) OCCUPATION W.

(20) Number of children born to mother, including present birth 2 (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 at 2:30 P.M. on the date above stated. (born, alive or stillborn) (Hour A. M. P. M.)

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

Given name added from a supplemental report  
101  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 101 (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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