Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of St. Helena

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31161

Registration District No. 687 Registered No. 139
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) Sex of Child: Girl | (4) Twin or Triplet (To be answered only in event of Twins or Triplets) | (5) Number in order of birth | (6) Legitimate: Yes | (7) Date of Birth: Sept. 8, 1918 (Month) (Day) (Year)

FATHER

(8) Full Name: Dan Smith

(9) Present Residence of Father: Frogmore S C

(10) Color or Race: Negro (11) Age at last Birthday: 30 (Years)

(12) Birthplace: South Carolina

(13) Occupation: Farmer

(14) Number of children born to mother, including present birth: 3

MOTHER

(14) Maiden Name: Mahalia Green

(15) Present Residence of Mother: Frogmore S C

(16) Color or Race: Negro (17) Age at last Birthday: 28 (Years)

(18) Birthplace: South Carolina

(19) Occupation: Farmer

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Venus Bishop & Frogmore S C

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

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 11 1918 (Signature) J. B. Thomas
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.