

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

71344

Registration District No. 314 Registered No. 90 (For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 29, 1916</i>
(Name of Month) (Day) (Year)				

FATHER.

MOTHER.

(8) FULL NAME <i>Austin E. Smith</i>	(14) NAME BEFORE MARRIAGE <i>Mattie Evers</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Liberty S. C. B. H.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Liberty S. C. B. H.</i>
(10) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>White</i>
(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)
(12) BIRTHPLACE <i>Liberty S. C. B. H.</i>	(18) BIRTHPLACE <i>Liberty S. C. B. H.</i>
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at *8 A. M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *J. L. Alford*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Liberty S. C. B. H.*

Given name added from a supplemental report

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

(27) Filed *9/9, 1916* (28) *M. L. Casey* 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.

MARGIN RESERVED FOR BUNDLING.

WHEN PLAINLY WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD. N. B.—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 5.

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