

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

74768

County of .....

Township of .....

or  
Inc. Town of .....

Registration District No. 4003 Registered No. 75  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1916  
(Name of Month) (Day) (Year)

#### FATHER.

#### MOTHER.

(8) FULL NAME Conway Price

(14) NAME BEFORE MARRIAGE Gertrude Hill

(9) PRESENT POSTOFFICE OF FATHER Smock S.C.

(15) PRESENT POSTOFFICE OF MOTHER Smock S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Lamers ev

(18) BIRTHPLACE Abingdon Va.

(13) OCCUPATION mill Operative

(19) OCCUPATION Housewife

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

(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 alive, at 5:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Green

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Smock S.C.

Given name added from a supplemental report

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

(27) Filled 191 (28) W. Hanna 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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