

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—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.

(1) PLACE OF BIRTH
 County of ANDREWS
 Township of ANDREWS
 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
14117

Registration District No. 120.D.A Registered No. 38
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 9 1927
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Elyah. Smith
 (9) PRESENT POSTOFFICE OF FATHER Ploerburg So. Sta Route
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 24
 (Years)
 (12) BIRTHPLACE So
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Lottie Bell
 (15) PRESENT POSTOFFICE OF MOTHER Ploerburg So Sta Route
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE N. C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3 (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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor M Roberts
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Ploerburg So.

Given name added from a supplemental report

 _____ 19 _____
 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled May 30 1927 (28) Geo. A Roberts
 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.

_____ 19 _____ (27) Filled June 3 1927 (28) Geo. A Roberts
 Registrar Local Registrar.

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McGAW OF COLUMBIA, COLUMBIA, S. C.

N. B.—