

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Long Corn
 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

No. 107 Registered No. 29
 (For use of Local Registrar)

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

(3) SEX OF CHILD Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH July 15, 23
 (8) FATHER'S FULL NAME Horace Smith (9) MOTHER'S NAME BEFORE MARRIAGE Carrie Eakin
 (10) PRESENT POSTOFFICE OF FATHER Abbeville (11) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 46 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 28
 (16) BIRTHPLACE Abbeville (17) BIRTHPLACE Abbeville
 (18) OCCUPATION Farming (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child who was alive at 3 P. M., on the date above stated.
 (23) (Signature) Hannah Darlington
 (24) State whether Physician or Midwife Midwife
 (25) Witness N. F. Miller
 (26) Filed Aug 4, 23 E. H. Miller
 (27) 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.

FIRST-BORN. No. 1 THE OTHER. No. 2, etc. In question 8. Medium of Columns. Columns 8 C