

(1) PLACE OF BIRTH

County of GeorgetownTownship of Wadingor
Inc. Town ofor
City of

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

43159

Registration District No. 2313 Registered No. 30
(For use of Local Registrar)(2) Full Name of Child V. Vordam. Wilson. Smiley. { 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? No (7) DATE OF BIRTH Aug 30, 1911
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Oscar Chiles(9) PRESENT POSTOFFICE OF FATHER Georgetown, R.R.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE A. L. Smiley(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Georgetown Co(19) OCCUPATION Washer woman(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Reported by Dr. Smith

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

Given name added from a supplemental report

..... 1911

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..... Registrar

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

(27) Filed Jan 8, 1912 (28) A. M. Brooks 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.

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 8.

Cav. of Columbia