

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**58282**

**(1) PLACE OF BIRTH**

County of Aiken  
Township of Aiken  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Registration District No. 200 Registered No. 8  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**(2) Full Name of Child** Barnon Zimly Smith

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Mar 29 1911</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Willie Smith

(9) PRESENT POSTOFFICE OF FATHER Aiken

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE Aiken

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 0

**MOTHER.**

(14) NAME BEFORE MARRIAGE Anna McKay

(15) PRESENT POSTOFFICE OF MOTHER Aiken

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

(18) BIRTHPLACE Ridge Spring

(19) OCCUPATION Farming

(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 3 weeks P. M. on the date above stated.  
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Midwife Emelene Neuell  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Aiken, S.C.

Given name added from a supplemental report \_\_\_\_\_  
191 \_\_\_\_\_  
Registrar \_\_\_\_\_

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

(27) Filed 4/29/1911 (28) Frankton Toal  
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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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.

McCLAW, of Columbia.