

## (1) PLACE OF BIRTH

County of UnionTownship of Santuchor  
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

87725

Registration District No. 4206 Registered No. 17

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26</u> 19 <u>17</u> (Name of Month) (Day) (Year)
------------------------------	--	------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Rodger Smith(9) PRESENT POSTOFFICE OF FATHER Santuch S.C.(10) COLOR OR RACE negr. (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth { 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Meador(15) PRESENT POSTOFFICE OF MOTHER Santuch S.C.(16) COLOR OR RACE negr. (17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE

(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth { 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Beulah(24) State whether Physician or Midwife (25) Address of Physician or Midwife Santuch S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/27 1917 (28) R.B. J. Jr. 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.

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.

McCaw, of Columbia