

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">19864</div>	
County of <u>Pickens</u>		Registration District No. <u>3706</u>		Registered No. <u>74</u> (For use of Local Registrar)	
Township of					
or Inc. Town of					
City of <u>Pickens</u>		(No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Catherine Smith</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 19, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Smith</u>			(14) NAME BEFORE MARRIAGE <u>Cara Keith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens, S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Woodville Ga</u>			(18) BIRTHPLACE <u>Pickens Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)					
(23) (Signature) <u>J. H. McCall</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report 19 .. Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed 19 .. (28) 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.

It is not to be reported as stillborn if a child breathes even once, before the fifth month of pregnancy.