

(1) PLACE OF BIRTH

County of Anderson
Township of FrankSTATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
63016Inc. Town of or
City of Townville (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 305 Registered No. 68
(For use of Local Registrar)(2) Full Name of Child. Mary Lee Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5 1916</u> <small>(Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Perry Smith</u>			(14) NAME BEFORE MARRIAGE <u>Barrie Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Townville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Townville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Townville S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Townville S.C.</u>		
(19) OCCUPATION <u>House Wife</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		
(20) Number of children born to mother, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. A. Williams
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Townville S.C.Given name added from a supplemental report
....., 191.....
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Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 8 1916 (28) P. G. McP. Cain 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.

Nec a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.

When there is a stillbirth, the mother must be examined by a physician or midwife, and a report made to the Registrar. In case of twins or triplets, a separate blank for each child, and mark the first-born. No. 1. THE OTHER, No. 2, etc., in question 2.

McPaw of Columbia