

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
**63016**

County of Anderson  
Township of Frank  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Townville

Registration District No. 305 Registered No. 68  
(For use of Local Registrar)

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

(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>July 5 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Fanny Smith</u>	(14) NAME BEFORE MARRIAGE <u>Harrie 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>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Townville</u>	(18) BIRTHPLACE <u>Townville</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at \_\_\_\_\_ at \_\_\_\_\_ a.m. 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\_\_\_\_  
\_\_\_\_\_  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 8 1916 (28) P. G. McPlein 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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REGISTRATION DISTRICTS, INDEPENDENTLY, WITH UNPAID FEE.—THIS IS A PERMANENT REQUIREMENT. 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.