

FORM NO. 3.

(1) PLACE OF BIRTH

County of HorryTownship of Deerwood Neck

Inc. Town of _____

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—

77556

Registration District No. 2-574 Registered No. 521
(For use of Local Registrar)(2) Full Name of Child Etta Viola Smith

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

(3) SEX OF GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 4, 1916</u> (Name of Month) (Day) (Year)
------------------------------	----------------------	------------------------------	-------------------------------------	--

To be answered only in event of Twins or Triplets.

FATHER.

(8) FULL NAME Charles M. Smith(9) PRESENT POSTOFFICE OF FATHER Hound S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Vinndown Co. N.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth one

MOTHER.

(15) NAME BEFORE MARRIAGE Minnie M. Conrich(16) PRESENT POSTOFFICE OF MOTHER Hound S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 16 (Years)(19) BIRTHPLACE Horry Co. S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen M. Conrich(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hound S.C.

Given name added from a supplemental report

(26) Witness C. M. Smith
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/9 1916 (28) C. H. Hester, 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. WHITE 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.