

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *M. Pickens*....
Township of *Sumner*....
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

73881

Registration District No. *3725* Registered No. *286*.....
(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? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Aug 20 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *G. Whiteman Smith*
(9) PRESENT POSTOFFICE OF FATHER *Mullins S.C.*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *38*.....
(12) BIRTHPLACE *Marion Co.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *5*

MOTHER.
(14) NAME BEFORE MARRIAGE *Margaret E. Campbell*
(15) PRESENT POSTOFFICE OF MOTHER *Mullins S.C.*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36*.....
(18) BIRTHPLACE *Marion Co.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... *born alive*... at... *10*... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Mullins*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

..... 19 .. Registrar (27) Filed *9/10*..... 19*16* (28) *[Signature]* 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.