

Form No 1.

(1) PLACE OF BIRTH

County of HamptonTownship of Peapack

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

49453

Registration District No. 2402 Registered No. 75

(For use of Local Registrar)

(2) Full Name of Child Mary Ester 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 7</u>
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FATHER.

(8) FULL NAME William Smith(9) PRESENT POSTOFFICE OF FATHER Hampton(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Hampton County(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Bell White(15) PRESENT POSTOFFICE OF MOTHER Hampton(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Hampton County(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary E. Keare(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Hampton S.C. R.A.

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 2/11 1914. (28) J. W. Rogers

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.

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.

McCauley, of Columbia.