

Form No. 1.

## (1) PLACE OF BIRTH

County of Greenville  
Township of Onealor  
Inc. Town of .....  
orCity of ..... (No. .... St.; ..... Ward)  
(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

90146

## (2) Full Name of Child. .... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>here, 1914-6</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. S. Smith(9) PRESENT POSTOFFICE OF FATHER Taylor & Co. R #1(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Spartanburg Co. S.C.(13) OCCUPATION Farmwork(20) Number of children born to mother, including present birth } ... 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Corrie Waters(15) PRESENT POSTOFFICE OF MOTHER Taylor & Co. R #1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Spartanburg Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth } ... 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1030 9 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. S. Sauer

(24) State whether Physician or Midwife

Physician (25) Address of Physician or Midwife Taylor & Co. R #1

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 Jan 8 1917 (28) Albert W. Heves  
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.

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.  
McCaw, of Columbia.