CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
220

(1) PLACE OF BIRTH

County of Barnwell

Township of York

or

Inc. Town of .....

or

City of ..... (No. ..... St., ... Ward)

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

Registration District No. 385 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Henry Smith

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
		3	Yes	Jan 24 1917

FATHER.

(8) FULL NAME Benj Smith

(9) PRESENT POSTOFFICE OF FATHER Jamison S C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Smith

(15) PRESENT POSTOFFICE OF MOTHER Jamison S C

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive born 3 at 3 P M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Harvey Grant
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamison S C

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 4 1917 (28) D. J. Hallman
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.

FIRST-BORN. No. 1. THE OTHER No. 2, etc., in question 5.

In case of twins or triplets, make SEPARATE BLANK FOR EACH CHILD, and mark the

State of South Carolina, Columbia, S. C.