

**NEVER REWRITED FOR READING.**  
 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.

**(1) PLACE OF BIRTH**  
 County of *Chambers*  
 or  
 Township of *Halls*  
 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.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**90257**

Registration District No. *2400* ... Registered No. *120* ...  
 (For use of Local Registrar)

**(2) Full Name of Child** *Alford Crington Smith* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? *Y* (7) DATE OF BIRTH... *Dec 28, 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME *Walter Smith*  
 (9) PRESENT POSTOFFICE OF FATHER *Lena S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY... *23* .....  
(Years)  
 (12) BIRTHPLACE *Chambers Co*  
 (13) OCCUPATION *Farmer*  
 (20) Number of children born to mother, including present birth *3*

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE *Jamie Williams*  
 (15) PRESENT POSTOFFICE OF MOTHER *Lena S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY... *20* .....  
(Years)  
 (18) BIRTHPLACE *Chambers Co*  
 (19) OCCUPATION *Warringer & farm*  
 (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 *12* ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Heather Taylor Lena S.C.*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Dec 30, 1916* (28) *W. E. Sicken* 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.

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MCCAW OF COLUMBIA, COLUMBIA, S. C.