

WAGNER CONVERTED FOR RIDING.

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. COLUMBIA, N. C.

(2) Full Name of Child Alford Crington Smith

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH Dec 28, 1966
(Name of Month) (Day) (Year)

MOTHER.

(14)	NAME BEFORE MARRIAGE	Jessie Williams
(15)	PRESENT POSTOFFICE OF MOTHER	Lena Ole
(16)	COLOR OR RACE	Negro
(17)	AGE AT LAST BIRTHDAY	20 (Years)
(18)	BIRTHPLACE	Abbeysboro
(19)	OCCUPATION	Housewife & farm
(21)	Number of children of this mother now living, including respondent	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 M.,
on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) Walter Taylor Lina

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 30 196 (28) AC Fickner
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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