

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville
Township of Fairview

Inc. Town of
City of

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

File No. — For State Registrar Only
64527

Registration District No. 1206 Registered No. 68
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 10 191-6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilton Smith

(9) PRESENT POSTOFFICE OF FATHER Fort Linn S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Greenville Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Foster

(15) PRESENT POSTOFFICE OF MOTHER Fort Linn

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Spartanburg

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at Greenville on the date above stated. (Hour 2 A.M. or P.M.)

(23) (Signature) A. Shaw

(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 July 10 1916 (28) T.B. Duckert 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.