

(1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of Georgetown

(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

89915

Registration District No. .... Registered No. 126  
(For use of Local Registrar)St.: ..... Ward: .....  
(If child is not yet named, make supplemental report as directed.)(2) Full Name of Child. Carrie Maybelle Smith(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 32 (6) Are Parents Married? Yes (7) DATE OF BIRTH December 22 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Frederick Smith(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Bucksville S. Car(13) OCCUPATION Lumber Inspector(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida June Bone(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Chespee. S. Car.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born a live at 4:30 am M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Barsard (24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown S. C.

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 Dec 23 1914 (28) W. H. H. H. 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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