

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Calhoun

Inc. Town of .....

City of .....

(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, William Henry Smith(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 6

Is answered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 16, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Henry Smith(9) PRESENT POSTOFFICE OF FATHER Calhoun(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 1

(Years)

(12) BIRTHPLACE Calhoun(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE John Smith(15) PRESENT POSTOFFICE OF MOTHER Calhoun(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 1

(Years)

(18) BIRTHPLACE Calhoun(19) OCCUPATION Farmer(21) Number of children of this mother new living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) S. V. Smith

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

Given name added from a supplemental report

191.....

Registrar

(26) Witness S. V. Smith

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

(27) Filed Jan 16, 1916 (28) Calhoun

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.

MARGIN RESERVED FOR BINDING.

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.

Calhoun, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

84574

Registration District No. 801 Registered No. 103

(For use of Local Registrar)