

(1) PLACE OF BIRTH

County of CherokeeTownship of Goudsaulor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25332

Registration District No. 1002Registered No. 35
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child T. W. Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1912</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Tom Smith(9) PRESENT POSTOFFICE OF FATHER Gaffney(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE Cherokee Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Hovey(15) PRESENT POSTOFFICE OF MOTHER Gaffney(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE Cherokee Co(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 PM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Serrett

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife Midway, Wilkesville

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)Sam J. Stearn 19 12
Registrar(27) Filed July 10 19 12 (28) Sam J. Stearn
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.