

WHITE 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.  
Caw. of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of

City of

(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

43061

Registration District No. 2209

Registered No. (For use of Local Registrar)

(2) Full Name of Child

no name

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

(3) BOY OR GIRL Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Age 8 years

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm Smith

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

5

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(17) COLOR OR RACE

Colored

(18) AGE AT LAST BIRTHDAY

27 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housework

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charlotte Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Greenville

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

191

A

(28)

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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