

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS OR SEPARATE REGISTRATIONS, fill out EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 2199	
County of <i>Orangeburg</i> Township of or Inc. Town of <i>Holly Hill</i> or City of		Registration District No. <i>3609</i>		Registered No. <i>17</i> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <i>Minnie May Smith</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 25 1911</i> (State of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Albion Smith</i>			(14) NAME BEFORE MARRIAGE <i>Minnie Smith</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Holly Hill S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Holly Hill S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>		
(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>26</i> (Years)		
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farm Hand</i>			(19) OCCUPATION <i>Farm Hand</i>		
(20) Number of children born to mother, including present birth <i>7</i>			(21) Number of children of this mother now living, including present birth <i>4</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>Farm Hand</i> st. <i>3</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Nettie Cunningham</i> (24) State whether Physician or Midwife <i>Midwife</i> (25) Address of Physician or Midwife <i>Holly Hill S.C.</i>					
Given name added from a supplemental report.			(26) Witness <i>M. Cunningham</i> (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <i>Jan 27 1911</i> (28) <i>H. M. Johnson</i> Registrar 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.					