

## (1) PLACE OF BIRTH

County of HaywoodTownship of Jefferson

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

No. 10.—For State Registrar Only

28301

Registration District No. 240.7Registered No. 91  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Aracene Smith

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

(a) SEX OF CHILD <u>girl</u>	(b) Twin or Triplet	(c) Number in order of birth <u>8</u>	(d) Are Parents Married <u>yes</u>	(e) DATE OF BIRTH <u>Sept 13 1925</u> (Name of Month) (Day) (Year)
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## FATHER

(a) FULL NAME Polly Smith(b) PRESENT POSTOFFICE OF FATHER Marionville SC(c) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER

(a) NAME BEFORE MARRIAGE Ellen James(b) PRESENT POSTOFFICE OF MOTHER Marionville SC(c) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joseph W. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) State SC (28) Dr. J. W. Taylor Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.