

Form No 1.

(1) PLACE OF BIRTH  
 County of York  
 Township of Good Level  
 or  
 Inc. Town of .....  
 or  
 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 —  
**50786**

Registration District No. 4407 Registered No. 10  
 (For use of Local Registrar)

(2) Full Name of Child Angie Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 5, 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME James Smith  
 (9) PRESENT POSTOFFICE OF FATHER Imperial SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE York Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Ada Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Imperial SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Cherokee Co. SC  
 (19) OCCUPATION Housewife  
 (20) 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 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Dallas Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Imperial SC

Given name added from a supplemental report ..... 191....  
 ..... Registrar

(26) Witness W. M. Kirby  
 (Signature of Witness necessary only when question 22 is signed by male)  
 (27) FILED Feb. 15, 1916 (28) Local Registrar W. M. Kirby

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.  
 McCaw, of Columbia.

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