

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Old Stage
 or Inc. Town of Pageland
 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 Only
45848

Registration District No. 1206 Registered No. 28
 (For use of Local Registrar)
 St.; _____ Ward)

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

(3) BOY OR GIRL? girl (4) Twin single or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 17 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Lee Smith
 (9) PRESENT POSTOFFICE OF FATHER Pageland S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53 (Years)
 (12) BIRTHPLACE Union Co. S.C.
 (13) OCCUPATION Carber
 (20) Number of children born to mother, including present birth et al

MOTHER.

(14) NAME BEFORE MARRIAGE Flossie Lee Turner
 (15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Old Stage
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. C. Moore, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report
June 28 1916
W. M. Miller
 Registrar

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

(27) Filed Jan 17 1916 (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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