

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**45848**

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Cherokee  
or Inc. Town of Pageland  
or City of Pageland  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 1106 Registered No. 28  
(For use of Local Registrar)  
St.; ..... Ward)

(2) Full Name of Child Latasha  
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  
(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 23 (Years)  
(12) BIRTHPLACE Cherokee Co. S.C.  
(13) OCCUPATION Carber  
(20) Number of children born to mother, including present birth 2/1

MOTHER.  
(14) NAME BEFORE MARRIAGE Hessie Lee Turner  
(15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE P.O. Lane  
(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  
Wm. Miller  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1st (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.

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.