

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of *Marion*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of *Leaves*Registration District No. *3165* Registered No. *165*

(For use of Local Registrar)

or

Inc. Town of

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Elijah Smith*

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?
No(7) DATE OF BIRTH
Nov 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Gayfield Rogers*(9) PRESENT POSTOFFICE OF FATHER *Mullins*(10) COLOR OR RACE *B* (11) AGE AT LAST BIRTHDAY *54*
(Years)(12) BIRTHPLACE *Marion Co.*(13) OCCUPATION *Laborer*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Dora Smith*(15) PRESENT POSTOFFICE OF MOTHER *Mullins*(16) COLOR OR RACE *B* (17) AGE AT LAST BIRTHDAY *24*
(Years)(18) BIRTHPLACE *North Carolina*(19) OCCUPATION *Laborer*(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 *Born alive* at *1 P.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Amy L. Hayes*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *Mullins*

Given name added from a supplemental report

(26) Witness *A. M. Schuller*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Jan. 11, 1918* (28) *A. M. Schuller*
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.