

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH FADING INK—THIS IS A PERMANENT RECORD.

M. B.—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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22000

Registered No. 7

(For use of Local Registrar)

(No. 274 Sl. Word)

Full Name of Child Buster Lee Smith If child is not yet named, make supplemental report as directed

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are Parents

(7) DATE OF BIRTH-----

(Name of Month) (Day) (Year)

Tom White

Scolimbera

(M) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(18) COLOR
OR
RACE

(18) **BIRTHPLACE**

(10) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(28) (Signature)

(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplement
tal report

Mary Johnson 1816
Registrar

(28) ~~Wine~~

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

(27) Filled

191 (2F) 2/1/191

*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.