

Form No 1.

(1) PLACE OF BIRTH

County of FlamoraTownship of Mathaor
Inc. Town ofor
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
42855Registration District No. 2012 Registered No. 1114

(For use of Local Registrar)

(2) Full Name of Child Mattie Smiley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 20 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1905
(Name of Month) (Day) (Year)(8) FULL NAME Arthur Smiley (9) NAME BEFORE MARRIAGE Mattie Cook(10) PRESENT POSTOFFICE OF FATHER Lake City S.C. (11) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 26
(Years) (Years)(16) BIRTHPLACE Williamsburg (17) BIRTHPLACE Clarendon Co(18) OCCUPATION Farmer (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Benjamin(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Clarendon Co

Given name added from a supplemental report

....., 190.....

..... Registrar

(26) Witness Smiley

(Signature of Witness necessary only when question 22 is signed by parent)

(27) Filed Dec 26 1905 (28) S. J. Kelly 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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.

City of Columbia