

MARGIN RESERVED FOR INDEXING.
 WHITE 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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only 66657	
County of <u>Williamsburg</u>		Registration District No. <u>13.11</u>		Registered No. <u>56</u> (For use of Local Registrar)	
Township of <u>Turkey</u>		City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Ward _____	
Inc. Town of _____		If child is not yet named, make supplemental report as directed			
(2) Full Name of Child <u>Harry Magdalene Jane</u>					
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 14 1911</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James H. Smith</u>			(14) NAME BEFORE MARRIAGE <u>Agnes M. Cutler</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7</u> <u>P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>William H. H. H. H.</u> (24) State whether Physician or Midwife <u>Physician</u> Address of Physician or Midwife _____					
Given name added from a supplemental report _____, 191____ _____ Registrar			(25) Witness <u>W. H. H. H.</u> (Signature of Witness necessary only when question 23 is signed by parent) (26) Filed <u>July 1911</u> (28) <u>W. H. H. H.</u> 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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