

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Darlington

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59679

Township of Smith Creek

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same)

Registration District No. 1-11 Registered No. 45

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Ruth Ellen Smith(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 7. 14. 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Ruth Smith(14) NAME BEFORE MARRIAGE Ruth Smith(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Darlington, S.C.(18) BIRTHPLACE Darlington, S.C.(13) OCCUPATION farmer(19) OCCUPATION keeping house(20) Number of children born to mother, including present birth 2nd(21) Number of children of this mother now living, including present birth 2nd

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 11. 11. 1916 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 2, 1916 (28) E. A. Early 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.

NOTE: In case of twins or triplets use a SUPPLEMENTAL BLANK for each child, and mark the FIRST-BORN, No. 1. THIRD-BORN, No. 3, etc., in question 8.

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.