

Form No. 1

## (1) PLACE OF BIRTH

County of MarionTownship of Beauvoir

or

Inc. Town of

or

City of

(No. .... St.; .... Ward)  
(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

90898

Registration District No. 3205 Registered No. 346  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) <del>Boy or</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH
	To be answered only in event of Twins or Triplets		<u>yes</u>	<u>Dec. 6 1916</u> (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hampton Smith(9) PRESENT POSTOFFICE OF FATHER mullins, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Artie Thompson(15) PRESENT POSTOFFICE OF MOTHER mullins, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Day Laborer(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 1 12 (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Amos X. Hayes(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife mullins, S.C.

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
Amos X. Hayes(27) Filed 12/27 1916 (28) Amos X. Hayes 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.