

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.

State of Columbia.

## (1) PLACE OF BIRTH

County of DorchesterTownship of Senecaor  
Inc. Town of .....or  
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

74108

Registration District No. 3504 Registered No. 91

(For use of Local Registrar)

(2) Full Name of Child Ben Smith { If child is not yet named, make supplemental report as directed(3) ~~Boy~~ OR  
GIRL?(4) ~~Twins~~  
or Triplet?(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes(7) DATE OF BIRTH Aug. 18, 1916  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Ben Smith(9) PRESENT POSTOFFICE OF FATHER Seneca R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Dorchester(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { One

## MOTHER.

(14) NAME BEFORE MARRIAGE Elie Smith(15) PRESENT POSTOFFICE OF MOTHER Seneca R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Dorchester(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:25 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Skelton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seneca

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 22, 1916 (28) J. D. Skelton  
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.