

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
74108

(1) PLACE OF BIRTH
County of Dillon
Township of Seneca
or
Inc. Town of
or
City of

Registration District No. 3504 Registered No. 99
(For use of Local Registrar)
St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Smith { If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ OR GIRL? (4) ~~Twin~~ or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 19, 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 27 (Years)
(12) BIRTHPLACE Dillon
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { One

MOTHER.
(14) NAME BEFORE MARRIAGE Lie Smith
(15) PRESENT POSTOFFICE OF MOTHER Seneca R.F.D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Dillon
(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 Physician (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 marit)
(27) Filed Aug 22 1916 (28) J. O. Hopkins 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.
Saw. of Columbia.