

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.

(1) PLACE OF BIRTH
County of Granville
Township of Fairview
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64534

Registration District No. 2206 Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child. Not named.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 3- (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Calaway Smith
(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 3.

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Boyd
(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C. #3
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was live at 11:45 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. W. Stewart
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn, S.C.

Given name added from a supplemental report
..... 181.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10 1916 (28) J. B. Drexler 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.