

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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of *Abbeville*

Township of *Donald*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

*Ruby May Smith*

(3) BOY OR GIRL

(4) Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*Dec 16 22*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Milton Lee Fote Smith*

(9) PRESENT POSTOFFICE OF FATHER

*Donald S.C. - H.O.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*21*  
(Years)

(12) BIRTHPLACE

*Abbeville*

(13) OCCUPATION

*Farming*

(20) Number of children born to mother, including present birth

*1st*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Maggie Bell Hill*

(15) PRESENT POSTOFFICE OF MOTHER

*Donald S.C. - H.O.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*18*  
(Years)

(18) BIRTHPLACE

*Abbeville S.C.*

(19) OCCUPATION

*Farming*

(21) Number of children of this mother now living, including present birth

*One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

*White* at *7 A.* M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*R. H. Carson M.D.*

(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 *Jan. 10* 19 *23*

(28) *Lucius Humphreys*  
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.