

(1) PLACE OF BIRTH County of <u>Charleston</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">595</div>	
Township of ..... or Inc. Town of <u>Met Pleasant</u> or City of .....		Registration District No. <u>9-12</u>		Registered No. <u>01</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Rabbiel Smith</u>					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>		(5) Are Parents Married? <u>Yes</u>	
		(6) DATE OF BIRTH <u>June 10</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER			MOTHER		
(7) FULL NAME <u>Ode Smith</u>			(14) NAME BEFORE MARRIAGE <u>Heater Legau</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Met Pleasant SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Met Pleasant SC</u>		
(9) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(10) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(11) BIRTHPLACE <u>Sullivan Indiana</u>			(18) BIRTHPLACE <u>Met Pleasant SC</u>		
(12) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Coast</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Male</u> at <u>5 P. M.</u> on the date above stated.					
(23) (Signature) <u>Lucy Ann Wilson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Met Pleasant</u>					
Given name added from a supplemental report:					
(26) Witness <u>G. M. H. H. H.</u>					
(27) Filed <u>June 11</u> 19 <u>22</u> (28) <u>Chas. H. H. H.</u> 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.					