

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

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

File No.—For State Registrar Only  
**88715**

Registration District No. 9A Registered No. 1396  
 (For use of Local Registrar)  
 (No. Robert Hospital 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 Lola Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet?          (5) Number in order of birth          (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charlie Smith  
 (9) PRESENT POSTOFFICE OF FATHER 97 Conway St. Char. S.C.  
 (10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Driver  
 (14) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Flora Roberts  
 (15) PRESENT POSTOFFICE OF MOTHER 97, Conway St. Char. S.C.  
 (16) COLOR OR RACE Mexico (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Washer woman  
 (20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) M. G. Ketchum M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Robert Hospital Char. S.C.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
J. Mercier Green M.D.  
 (27) Filed 12/15/16 (28) J. Mercier Green M.D. 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.