

MARGIN BEHIND FOR INDEXING
 WHERE APPLICABLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B. DO NOT CLIP OR WRITE ON THIS FORM OR A SEPARATE BLANK FOR EACH PAGE AND DO NOT
 WRITE MORE THAN ONE CHILD BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration, District No. 2701

Registered No.

(2) Full Name of Child *Bess Lillman Smith*

(3) BOY OR GIRLE

(4) Twin or Triplet?

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

To be given only in case of known or family

Month of Birth

FATHER

(8) FULL NAME

B. Lillman Smith

(9) NAME OF MOTHER

Lutheria Jones

(10) PRESENT POSTOFFICE OF FATHER

Dryden S.C.

(11) PRESENT POSTOFFICE OF MOTHER

Dryden S.C.

(12) COLOR OR RACE

White

(13) AGE AT LAST BIRTHDAY

26

(14) COLOR OR RACE

White

(15) AGE AT LAST BIRTHDAY

26

(16) BIRTHPLACE

North Carolina

(17) BIRTHPLACE

North Carolina

(18) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

1st

(21) Number of children at time mother was living, including present birth

1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, was present at the time stated on the face above stated.

(23) Signature of Physician or Midwife

(24) Signature of Registrar or Midwife

Given name added from a supplemental report

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(25) Signature of Witness

Signature of Witness (if necessary) and date (check if signed by clerk)

(26) Filed

If there was no ill or no evidence of life at the time of birth, it shall not be recorded. If it is desired to record a birth, it shall be recorded even once, it must not be recorded if it is desired to record a birth.