

12/15/44w free

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Darlington  
Township of Holly Hill  
or  
Inc. Town of Holly Hill  
or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

FILE No.—For State Registrar Only

00792

Registered No. 10

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Lawton Wallace Smith, Jr.,

{ If child is not yet named, make supplemental report as directed

## 2. FULL NAME OF CHILD

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature ..... 7. Are Parents Married? Yes 8. Date of birth Oct 2, 1944  
(Month, day, year)9. Full name Lawton Wallace Smith

FATHER

18. Name before marriage Eileen Wall Sanders

MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State) Holly Hill19. Residence (mailing address)  
(If non-resident, give place and State) Holly Hill11. Color or race White 12. Age at child's birth 27 (years)20. Color or race White 21. Age at child's birth 25 (years)13. Birthplace (city or place)  
(State or country) Holly Hill, S. C.22. Birthplace (city or place)  
(State or country) Holly Hill, S. C.14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work.....

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn .....

28. If stillborn, period of gestation..... months weeks

29. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 7 a. m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report

(Date of)

Registrar.

(Signed) Eileen Sanders Smith Parent  
or \_\_\_\_\_, GuardianAddress Holly Hill, S. C.Filed Dec 26, 1944 Registrar.

Registrar.