

(1) PLACE OF BIRTH

County of FlammarTownship of ReynoldsIncorporated of ReynoldsCity of Reynolds

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register Use

28325

Registration District No. 2010 Registered No. 46
(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.)(2) Full Name of Child Harry Mann Smith If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 1st (6) Age at birth 9-16 (7) DATE OF BIRTH 9-16 (8) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(9) FULL NAME <u>Charlie M Smith</u>	(14) NAME BEFORE MARRIAGE <u>Alah Bell Hunter</u>	(10) PRESENT RESIDENCE OF FATHER <u>Caward St</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Caward St</u>
(16) COLOR OF HAIR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(16) COLOR OF HAIR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>
(17) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Farmer</u>	(17) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Housewife</u>
(19) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margie Lucas (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Caward St

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
.....	(27) Signed <u>9-24</u> <u>23</u> <u>E. L. Montgomery</u>
.....	(28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.