

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of Liberty State Board of Healthor  
Inc. Town of LibertyRegistration District No. 7107

File No. — For State Registrar Only

46857

Registered No. 61  
(For use of Local Registrar)City of ..... (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 ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth 2  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 24, 1906  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Smith(9) PRESENT POSTOFFICE OF FATHER Liberty, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lab(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Taylor(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. H. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

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.

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N. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.

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