

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.

**CERTIFICATE OF BIRTH**

County of Dixington STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Libert Hollow State Board of Health  
 or  
 Inc. Town of Libert Registration District No. 7107 Registered No. 61  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**46857**

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24, 1906</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>George Smith</u>		(14) NAME BEFORE MARRIAGE <u>Bertha Taylor</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Libert, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Libert, S.C.</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>		(16) COLOR OR RACE <u>white</u>
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>		
(13) OCCUPATION <u>Lab</u>		(18) BIRTHPLACE <u>S.C.</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(19) OCCUPATION <u>Housewife</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 at 3:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. A. Smith

(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Libert 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 \_\_\_\_\_ (28) \_\_\_\_\_  
Registrar 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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