

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McCaw of COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Salasganda
 Township of Midway
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76454

Registration District No. 13.0.5 Registered No. 43.....
 (For use of Local Registrar)

(2) Full Name of Child Guthrie Wilbur Smolton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 12, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. D. Smolton

(9) PRESENT POSTOFFICE OF FATHER Newport S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Cooper

(15) PRESENT POSTOFFICE OF MOTHER Newport S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION house duties

(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. A. Martin

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Newport S.C.

Given name added from a supplemental report

 _____, 19 ____
 Registrar

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

(27) Filed Oct. 10, 1916 (28) V. H. Smith 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.