

Form No. 1.

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town of

City of

(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

48004

Registration District No. 306 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child Gladys Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of Twin or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Major Smith(9) PRESENT POSTOFFICE OF FATHER Ira(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Anderson Co -(13) OCCUPATION Farming(14) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Walker(15) PRESENT POSTOFFICE OF MOTHER Ira(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 A- M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Calhoun

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ira S.C.

Given name added from a supplemental report

(26) Witness Wm. S. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 4 1916 (28) S. M. McAdams
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. 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.