

(1) PLACE OF BIRTH

County of Lee
Township of Lynchburg
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90705

Registration District No. 3002 Registered No. 169
(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 Juniors Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Smith
(9) PRESENT POSTOFFICE OF FATHER Lynchburg, S. C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Richmond Va.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lida Allen
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S. C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Washington D. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10³⁰ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariah Anderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliot 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 12/7 19 16 (28) J. P. McIntosh 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.

FIRST-BORN, 16. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.
MCCAM OF COLUMBIA, COLUMBIA, S. C.