

Form No 1.

(1) PLACE OF BIRTH

County of JohnstonTownship of Mathis

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
42858Registration District No. 2012 Registered No. 1111

(For use of Local Registrar)

(2) Full Name of Child William James Smith { 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 22 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond R. Smith(9) PRESENT POSTOFFICE OF FATHER Atlanta S.C.(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Monroe S.C.(13) OCCUPATION Blacksmith(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie E. Roper(15) PRESENT POSTOFFICE OF MOTHER Atlanta S.C.(16) COLOR OF RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Monroe S.C.(19) OCCUPATION House Keeper(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 8 P. M. on the date above stated.(22) (Signature) R. J. Maudie Roper(23) State whether Physician or Midwife (24) Address of Physician or Midwife Atlanta S.C.

Given name added from a supplemental report

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

(26) Filed Dec 13 1915 (27) F. E. Kelly 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.

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

City of Columbia