

WHITE 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
 McCaw of Columbia.

(1) PLACE OF BIRTH
 County of Corryman STATE OF SOUTH CAROLINA.
 Township of Wabun Bureau of Vital Statistics
 or Inc. Town of Wabun State Board of Health
 or Registration District No. 2014 Registered No. 18
 City of _____ (For use of Local Registrar)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.) St.; _____ Ward)

File No.—For State Registrar Only
19423

(2) Full Name of Child Lucile 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 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 12, 1906
(To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. K. Smith
 (9) PRESENT POSTOFFICE OF FATHER Douglas, R 3
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Belle Hampton
 (15) PRESENT POSTOFFICE OF MOTHER Douglas, R. 3
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S. C.
 (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 born at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Shade, Penn. Midwife
 (24) State whether Physician or Midwife Midwife (25) Address of Douglas, R. 3

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar. 8, 1916 (28) J. C. Mabry 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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