

ALL 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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Fairview
 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
90077

Registration District No. 2206 Registered No. 145
 (For use of Local Registrar)

(2) Full Name of Child Salvatore Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Will Smith
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Greenville Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER.
 (14) NAME BEFORE MARRIAGE Edna Howell
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Anderson
 (19) OCCUPATION House Work
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 4:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M.C. Lanette
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

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 Jan 10 1917 (28) J.P. Decker 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.

MCGAW OF COLUMBIA, COLUMBIA, S. C.