

(1) PLACE OF BIRTH County of <u>Greenville</u> Township of <u>Fairview</u> or Inc. Town of or City of (No. St.; Ward)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>2206</u> Registered No. <u>145</u> (For use of Local Registrar)		File No.—For State Registrar Only 90077
(2) Full Name of Child <u>Salvador Smith</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 11, 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Will Smith</u> (9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>42</u> (Years) (12) BIRTHPLACE <u>Greenville Co</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>13</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Edna Howell</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>36</u> (Years) (18) BIRTHPLACE <u>Anderson</u> (19) OCCUPATION <u>House Work</u> (21) Number of children of this mother now living, including present birth <u>9</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was ... <u>Alive</u> ... at <u>4:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>M. C. Lomax</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Greenville</u> (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 10</u> 1917 (28) <u>J. B. Dyer</u> Local Registrar Given name added from a supplemental report 19 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.				