

Form No. 1.

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 5

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 HealthFile No.—For State Registrar Only
42904Registration District No. 2104 Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child Kevin Austin Smith

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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 31 1915</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cary Smith

(9) PRESENT POSTOFFICE OF FATHER Laurinville, SC

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 20

(12) BIRTHPLACE Georgetown Co # 5

(13) OCCUPATION Lumbering

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rena Bryan

(15) PRESENT POSTOFFICE OF MOTHER Laurinville SC

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 17

(18) BIRTHPLACE Georgetown Co # 5

(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 6:30 Dec 31 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) David H. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown SC

Given name added from a supplemental report

(26) Witness Maud Bullard

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

(27) Filed Dec 31 1915 (28) G. L. Ellis 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, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia