

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91773

County of *Spartanburg*

Township of *Rockledge*

or

Inc. Town of

City of

Registration District No. *Hood*

Registered No. *157*

(For use of Local Registrar)

(No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Isola 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? *Yes* (7) DATE OF BIRTH *12.19.1916* (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Joe Smith*

MOTHER. (14) NAME BEFORE MARRIAGE *Essee Petman*

(9) PRESENT POSTOFFICE OF FATHER *W. Rupton*

(15) PRESENT POSTOFFICE OF MOTHER *W. Rupton*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *SC*

(18) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

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

(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 *3:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *[Address]*

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 *Dec 24 1916* (28) *J.C. Moore* Local Registrar

When there was no attending physician or midwife, then the father, household, 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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