

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  
 McCaw. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Greenwood  
 Township of Hodges  
 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's Use  
**90210**

Registration District No. 2307 Registered No. 53  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth x (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19 1916  
Is to be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME George Wilbur Smith  
 (9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Greenwood Co  
 (13) OCCUPATION R.R. Conductor  
 (20) Number of children born to mother, including present birth { 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Margaret Rebecca Stevenson  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (18) BIRTHPLACE Greenwood Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth { 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M. on the date above stated. born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) O. H. M. C. D. D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hodges S.C.

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 28 1916 (28) S. J. Brissie 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.