

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH FADING 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Monk</u>		STATE OF SOUTH CAROLINA		78286	
Township of <u>Brownsville</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>3303</u>		Registered No. <u>63</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Mary Smith</u>				If child is not yet named, make supplemental report as directed.	
(3) SEX OR <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 19 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Smith</u>			(14) NAME BEFORE MARRIAGE <u>Missouri Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Brownsville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brownsville</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>			
(12) BIRTHPLACE <u>Darlington Co</u>		(18) BIRTHPLACE <u>Monk Co</u>			
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:30</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy Wilds</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife					
Given name added from a supplement- tal report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Sept 2</u> 19 <u>16</u> (28) <u>RD Rogers</u> Registrar 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.