

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.
-Craw. of Columbia

(1) PLACE OF BIRTH

County of Summit
Township of Mayville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 64554 For State Registrar Only

Inc. Town of West Mayville Registration District No. 2709 Registered No. 295
City of West Mayville (No. 1860 Pudlinton 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

If child is not yet named, make supplemental report as directed

(3) <u>Girl</u> BOY OR GIRL	(4) <u>1</u> Twin or Triplet?	(5) <u>1</u> Number in order of birth <small>To be answered only in event of Twin or Triplet</small>	(6) <u>Yes</u> Are Parents Married?	(7) <u>6 6 6</u> DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Ben Smith</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Rice</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>West Mayville 1860 Pudlinton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>D.C.</u>		(18) BIRTHPLACE <u>D.C.</u>		
(13) OCCUPATION <u>Clerk</u>		(19) OCCUPATION <u>house</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:50 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Hill
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report

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

(27) June 16 1916 (28) A. H. Mackey
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.

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