

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.
 OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Union
 Township of Pinebluff
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87718

Registration District No. 4-2-15 Registered No. 85
 (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 Emmie Louise Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Henry Smith
 (9) PRESENT POSTOFFICE OF FATHER Union S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)
 (12) BIRTHPLACE Union Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Scales
 (15) PRESENT POSTOFFICE OF MOTHER Union S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Years)
 (18) BIRTHPLACE Union Co
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:05 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline Dugh
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hilton S.C.

Given name added from a supplemental report

 _____ 19 _____
 Registrar

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

(27) Filed Nov 6 1916 (28) D. Gallman
 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.