

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.  
RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Union  
Township of Pineknob  
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. 4-2-18

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 Amie Louise Smith  
(If child is not yet named, make supplemental report as directed)

(3) ~~Male~~ OR  
GIRL?

(4) Twin  
or Triplet?

(5) Number in  
order of birth

(6) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH Nov 7, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME

Henry Smith

(9) PRESENT  
POSTOFFICE  
OF FATHER

Union S.C.

(10) COLOR  
OR  
RACE

white

(11) AGE AT LAST  
BIRTHDAY

3  
(Years)

(12) BIRTHPLACE

Union Co

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE  
MARRIAGE

Amie 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) Carline Dough

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Hilton S.C.

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

Nov 16, 1916

(28)

D. G. 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.