

PLACE OF BIRTH

Georgetown

STATE OF BIRTH

SOUTH CAROLINA.
of Vital Statistics
Board of Health

File No.—For State Registrar only

72815

Inc. Town of Registration District No. 2-A Registered No. 68
(For use of Local Registrar)
City of (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 Archie Smith 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 2, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Archie Smith
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Laurence
(15) PRESENT POSTOFFICE OF MOTHER Georgetown
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 5 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Orilla Rice
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cannon St 934

Give name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 10 1916 (28) AS [Signature] No.

When there was no attending physician or midwife, then the father, householder, etc., should make a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths fifth month of pregnancy.