

PLACE OF BIRTH

Georgetown

PLACE OF BIRTH

SOUTH CAROLINA.
of Vital Statistics
Board of Health

File No.—For State Registrar only

72815

Inc. Town of Registration District No. 25-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 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Archie Smith			(14) NAME BEFORE MARRIAGE Mary Laurence	
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.			(15) PRESENT POSTOFFICE OF MOTHER Georgetown	
(10) COLOR OR RACE Col			(16) COLOR OR RACE Col	
(11) AGE AT LAST BIRTHDAY 23 (Years)			(17) AGE AT LAST BIRTHDAY 26 (Years)	
(12) BIRTHPLACE S.C.			(18) BIRTHPLACE S.C.	
(13) OCCUPATION Laborer			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 3			(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, 5 A.M.
on the date above stated. (Born alive or stillborn) (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

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Registrar

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

(27) Filed Aug 12, 1916 (28) At New York

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.