

## (1) PLACE OF BIRTH

County of *Spokane*Township of *Shaw*or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5250

Registration District No. *4*Registered No. *17*

(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 *Mary George Smith*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet

(5) Number in order of birth *5*(6) Are Parents Married *ye*(7) DATE OF BIRTH *2/20*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Elmer Perquillo Smith*(9) PRESENT POSTOFFICE OF FATHER *Pauline S. C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *40*

(Year)

(12) BIRTHPLACE *Sft. Co*(13) OCCUPATION *farmer*(14) Number of children born to mother, including present birth *five*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary George Stohel*(15) PRESENT POSTOFFICE OF MOTHER *Pauline S. C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *34*

(Year)

(18) BIRTHPLACE *Sft. Co*(19) OCCUPATION *housewife*(20) Number of children of this mother now living, including present birth *five*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *10:00 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *C. C. Smith*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Shaw*

Given name added from a supplemental report

(25) Witness

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

(26) Filed *March 5*

(27) 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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