

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Chas. S. C.

Township of .....

or  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

75989

Registration District No. 9ARegistered No. 972

(For use of Local Registrar)

(2) Full Name of Child Virginia Smith

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

(3) ~~BOY~~ FOR  
GIRL?(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

Sept 10, 1916

## FATHER.

(8) FULL  
NAMEWm Henry P. Smith(9) PRESENT  
POSTOFFICE  
OF FATHERChas. S. C.(10) COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY26.  
(Years)

(12) BIRTHPLACE

Chas. S. C.

(13) OCCUPATION

Car Cleaner(20) Number of children born to  
mother, including present birth2 (live)

## MOTHER.

(14) NAME BEFORE  
MARRIAGEJennie's Meaders(15) PRESENT  
POSTOFFICE  
OF MOTHERChas. S. C.(16) COLOR  
OR  
RACEColored(17) AGE AT LAST  
BIRTHDAY22  
(Years)

(18) BIRTHPLACE

Chas. S. C.

(19) OCCUPATION

House Wife(21) Number of children of this mother  
now living, including present birth1 (live)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 8, 17 a. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah A. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife107 St Chas. S. C.Given name added from a supplemen-  
tal report

....., 191.....

Registrar

(26) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 9/18/16 191..... (28) .....

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.