

MARGIN RESERVED FOR BIRTHING.
 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 Florence
 Township of Orinda
 OR
 Inc. Town of Registration District 2077
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
64390

Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Mac Rony Smith } If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>
		(7) DATE OF BIRTH <u>June 16</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.		MOTHER.	
(8) FULL NAME <u>Warren Smith</u>		(14) NAME BEFORE MARRIAGE <u>Martha Ann Wilson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sassa City S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sassa City S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>		(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anderson Wilson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sassa City S.C.

Given name added from a supplemental report 191..... Registrar	(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>June 23</u> 191 <u>6</u> . (28) <u>W. R. Rallins</u> Local Registrar
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*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.