

## (1) PLACE OF BIRTH

County of MarionTownship of Leaves

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3705

File No.—For State Registrar Only

43634Registered No. 144  
(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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 2 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Arrial Grady Smith(9) PRESENT POSTOFFICE OF FATHER Mullins SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Marion County SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Aminie Jackson(15) PRESENT POSTOFFICE OF MOTHER Mullins SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Harry County SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 9 1913 (28) J. H. Mullins Local Registrar19  
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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

BUREAU