

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
85710

(1) PLACE OF BIRTH
 County of Georgetown
 Township of 7
 or
 Inc. Town of
 or
 City of

Registration District No. 2106 Registered No. 80
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child, Smith Herriot } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 9 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Abraham Herriot
 (9) PRESENT POSTOFFICE OF FATHER Brook Green S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Herriot
 (15) PRESENT POSTOFFICE OF MOTHER Brook Green S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas P. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waverly Mills, S. C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar. 15 1916 (28) Seabellie L. ... 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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