

## (1) PLACE OF BIRTH

County of PickensTownship of Central

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

87058

Registration District No. 3200 Registered No. 157  
(For use of Local Registrar)

St.; ..... Ward)

2) Full Name of Child Lester Bruce 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	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 31, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets.

## MOTHER.

FATHER.

(8) FULL NAME L. R. Smith

(9) PRESENT POSTOFFICE OF FATHER Senadenton SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Anderson Co SC

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth Three

(14) NAME BEFORE MARRIAGE Annie May Frazier

(15) PRESENT POSTOFFICE OF MOTHER Senadenton SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Greenville Co SC

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10-30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert B. Day

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

Physician Senadenton SC

Given name added from a supplemental report

E. Wallace 1917Cent B. V. S.

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

(27) Filed ..... 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.

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MARGIN RESERVED FOR INDEXING.  
 WITH 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.