

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
 M. E. McCaw, of Columbia

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

(1) PLACE OF BIRTH
 County of Upson
 Township of Waddy Swamp
 OR
 Inc. Town of _____ Registration District No. 2-2-2 Registered No. _____
 OR
 City of _____ (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 M. C. Smith If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
45168

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>✓</u>
(7) DATE OF BIRTH <u>Jan 5 1916</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER.		MOTHER.	
(8) FULL NAME <u>M. M. Smith</u>		(14) NAME BEFORE MARRIAGE <u>Ann Mary Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waynes</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Waynes</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>78</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Waynes Co. Ga.</u>		(18) BIRTHPLACE <u>Upson County</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</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 Born alive 10 43 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, day or P.M.)

(23) (Signature) M. E. McCaw

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

Given name added from a supplemental report

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

(27) Filed 7 1916 (28) E. B. Gentry
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.

Registrar _____

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