

## (1) PLACE OF BIRTH

County of UpsonTownship of Edley Swamp

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

45168

Registration District No. 222 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child M. C. Smith

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

(3) BOY OR GIRL Boy(4) Twin or Triplet X(5) Number in order of birth 1

Take answer only in case of Twin or Triplet

(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 5 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME M. M. Smith(9) PRESENT POSTOFFICE OF FATHER Waynes(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 78  
(Years)(12) BIRTHPLACE Laurens Co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Mary Smith(15) PRESENT POSTOFFICE OF MOTHER Waynes(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Upson County(19) OCCUPATION Housewife(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 10 43 P. M.  
(Born alive or stillborn) (Hour) (Day) (Month)(23) (Signature) M. M. Smith

(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 mother)

(27) Filed 7

1916

(28)

E. B. Smith  
Local RegistrarWRITE 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.

WRE

M. E. McCaw, of Columbia

McCaw

\*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

\*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.