

(1) PLACE OF BIRTH

County of Greenwood
 Township of
 or
 Inc. Town of
 or
 City of Greenwood

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

File No. — For State Registrar Only

1506-6

Registration District No. 13A Registered No. 14
 (For use of Local Registrar)

City of Greenwood (Not 143 Stockman Ave Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Robert M. Smith (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Jim M. Smith
 9. PRESENT POSTOFFICE OF FATHER Greenwood, SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 46 (Years)
 12. BIRTHPLACE Union SC
 13. OCCUPATION Insured

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret R. Freeman
 (15) PRESENT POSTOFFICE OF MOTHER Greenwood, SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Union SC
 (19) OCCUPATION Domestic

20. Number of children born to mother, including present birth Five (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:45 A.M.
 on the date above stated. (Born alive or stillborn) (Hour of A.M. or P.M.)

(23) (Signature) John M. Mosher (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

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

(27) Filed July 10, 1914 (28) W. A. Williams 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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