

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9306

Registration District No. 41.86

Registered No. 23
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mavis Smit*

(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* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *March 7, 1930*
(Name of Month) (Day) (Year)

FATHER

MOTHER

8) FULL NAME *Timmie Smit*

(14) NAME BEFORE MARRIAGE *Hattie Donkeman*

9) PRESENT POSTOFFICE OF FATHER *North St. P.O.*

(15) PRESENT POSTOFFICE OF MOTHER *Rembert P.O.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)

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

(12) BIRTHPLACE *Rembert, S.C.*

(18) BIRTHPLACE *Rembert, S.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Farmer*

20) Number of children born to mother, including present birth *6*

(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *Jules Carter*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Rembert P.O.*

Given name added from a supplemental report

(26) Witness *H.P. Hattley*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *March 6, 1930* (28) *H.C. Hattley*
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.

WHILE PLAINLY WRITING WITH INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWIN OR TRIPLETS use 2 SEPARATE BLANKS FOR EACH CHILD, and mark the
BIRTH-ORDER, No. 1, 2, 3, etc., in question 5.
REC'D at Columbia, S. C.