

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or

Inc. Town of .....

or

City of Columbia

(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

409.1

Registration District No. 38<sup>2</sup> Registered No. 49  
(For use of Local Registrar)(No. 707 St. 7<sup>2</sup> Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Feb 1 1920  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. David Smith(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Pickens, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mary Smith(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE Pickens, S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 2 lbs. at 7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from oral report

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

When there was no report from the attending physician or midwife, the Local Registrar, or other authorized person, should make this return. If a child is born dead, a report is desired of stillbirths.