

FORM NO. 1.

## (1) PLACE OF BIRTH

County of MecklenburgTownship of ...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

46797

Registration District No. 3202 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child John William Smith } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 3 1916</u>
<small>Take answered only in case of twins or triplets</small>				<small>(Name of Month) (Day) (Year)</small>

## FATHER.

(8) FULL NAME John William Smith(9) PRESENT POSTOFFICE OF FATHER ...(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE ...(13) OCCUPATION ...(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Gussner(15) PRESENT POSTOFFICE OF MOTHER ...(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE ...(19) OCCUPATION ...(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 at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

191...

Registrar

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

(27) Filed Jan 10 1916 (28) W. A. Ford 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.

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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

MAINTAIN PRESERVED FOR EVIDENCE