

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only  
59510

Registration District No. 15-A Registered No. ....  
 (For use of Local Registrar)  
 (No. 305 Darlington Ave St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 5 1916</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Sydney Carl Smith</u>		(14) NAME BEFORE MARRIAGE <u>Lena Struchland</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Seaboard S. C.</u>		(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Work Freight Depot</u>		(19) OCCUPATION <u>at home</u>		
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. B. Edwards

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

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

(27) Filed April 11 1916 (28) E. A. Early 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.

McCaw, of Columbia

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