

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Smithville

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**163**

Registration District No. 3396 Registered No. 20  
(For use of Local Registrar)

(No. .... 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 Willie Ruth

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

3. SEX — GIRL	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Y</u>	7. DATE OF BIRTH <u>May 10 1910</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME			14. NAME BEFORE MARRIAGE <u>W. H. McDaniel</u>	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER <u>Kellock, S.C.</u>	
10. COLOR OR RACE	11. AGE AT LAST BIRTHDAY (Years)		16. COLOR OR RACE <u>Negro</u>	17. AGE AT LAST BIRTHDAY <u>10</u> (Years)
12. BIRTHPLACE			18. BIRTHPLACE	
13. OCCUPATION			19. OCCUPATION	
20. Number of children born to mother, including present birth			21. Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. McDaniel  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Kellock, S.C.

Given name added from a supplement-  
tal report

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mother)  
(27) W. H. McDaniel 19 23 (28) W. H. McDaniel  
Registrar 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.

RECEIVED at Columbia, S. C. MAY 10 1910  
P. M. — In case of twins or triplets use a SEPARATE BLANK No. 2, etc. In question 3  
FIRST-BORN No. 1