

MARGIN RESERVED FOR BINDING.
 N. B.—In case of TWINS OR TRIPLETS, make a separate card for each child, and mark the
 PRINTED—HORN, No. 1. THIS OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2990

Registration District No. 300 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child

Charles Mac Smith (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL? Boy
 4) Twin or Triplet? No
 5) Number in order of birth 3
 To be answered only in event of Twin or Triplet
 FATHER
 6) FULL NAME Charles Mac Smith
 7) PRESENT POSTOFFICE OF FATHER Mecklenburg
 8) COLOR OR RACE Black
 9) BIRTHPLACE Mecklenburg
 10) OCCUPATION Farmer
 11) AGE AT LAST BIRTHDAY 33
 (Years)
 12) Number of children born to mother, including present birth 3

13) Are Parents Married? Yes
 14) DATE OF BIRTH Feb 12 22
 (Name of Month) (Day) (Year)
 MOTHER
 15) NAME BEFORE MARRIAGE Martha Mac Smith
 16) PRESENT POSTOFFICE OF MOTHER Mecklenburg
 17) COLOR OR RACE Black
 18) AGE AT LAST BIRTHDAY 33
 (Years)
 19) BIRTHPLACE Mecklenburg
 20) OCCUPATION Farmer
 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 at
 on the date above stated: (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. J. H. Smith
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Mecklenburg

Given name added from a supplemental report

(26) Witness John J. Smith
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 14 22 (28) Miss J. H. Smith
 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.

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