

Form No. 1

(1) PLACE OF BIRTH

County of Union  
 Township of Bayanville  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

92085

Registration District No. 4201 Registered No. 469  
 (For use of Local Registrar)

(2) Full Name of Child Aedric Julia Smith

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 9 1916  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elegante  
 (9) PRESENT POSTOFFICE OF FATHER Bayanville  
 (10) COLOR OR RACE White  
 (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Union Co. S.C.  
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Ella Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C. R.F.D. #1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Union Co. S.C.  
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Julia Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo S.C. R.F.D. #1

Given name added from a supplemental report

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

(27) Filed 191 (28) J. P. Phillips Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person making this report must make this report before the fifth month of pregnancy.