

(1) PLACE OF BIRTH

County of Greenville
 Township of Spartanburg
 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
64537

Registration District No. 2206 Registered No. 80
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

(2) Full Name of Child Sarah Smith

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? (7) DATE OF BIRTH June 10
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felton Smith
 (9) PRESENT POSTOFFICE OF FATHER St. Ann S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Hand

MOTHER.

(14) NAME BEFORE MARRIAGE Jedee Foster
 (15) PRESENT POSTOFFICE OF MOTHER St. Ann S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Don't know

(21) Number of children of this mother now living, including present birth Don't know

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 09:10 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Shaw M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Ann 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 July 10 1916 (28) J. B. Duckett
 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.
 S. C. of Columbia