

(1) PLACE OF BIRTH

County of Greenville

Township of 11

or Inc. Town of

or City of

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

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

File No. 90114 For State Registrar Only

Registration District No. 2209 Registered No. 599
(For use of Local Registrar)

(2) Full Name of Child Marrin Allison Smith

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

(3) SEX OR Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 16 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John J. Smith
(9) PRESENT POSTOFFICE OF FATHER # 8 Bennett St Brandon Mill
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Dunderson Co. S.C.
(13) OCCUPATION Wearer Cotton Mill
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Miss G. L. White
(15) PRESENT POSTOFFICE OF MOTHER # 9
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Ga
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. DeLoach
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Parker Plaza

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 2 1917 (28) A. H. Mackay 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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