

1. PLACE OF BIRTH

County of JeffersonTownship of Jeffersonor
Inc. Town of _____or
City of _____Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1204

FILE No.—For State Registrar Only

25477-ARegistered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

FULL NAME OF CHILD Thomas M. Smother

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

Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other	5. Premature	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug 14</u> , 19 <u>22</u> (Month, day, year)
		5. Number, in order of birth	Full term		

FATHER		MOTHER	
Full name <u>W. H. Smother</u>		Full maiden name <u>Clara Ellen Terry</u>	
Residence (usual place of abode) (If non-resident, give place and State) <u>Jefferson, SC</u>		Residence (usual place of abode) (If non-resident, give place and State) _____	
Color or race <u>W</u>	12. Age at last birthday <u>30</u> (Years)	20. Color or race <u>W</u>	21. Age at last birthday <u>30</u> (Years)
Birthplace (city or place) (State or country) <u>SC</u>		22. Birthplace (city or place) (State or country) <u>SC</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work _____	

Number of children of this mother
(At time of this birth and including this child) 4 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0If stillborn, _____
period of gestation _____ months _____ weeks

29. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 Pm. on the date above stated.
(Born alive or stillborn)

(Signed) _____, M. D.

or _____ Midwife

Address Lallic DunlapFiled Jefferson, S.C. Mrs Roy Byrd
Registrar.July 8. 1934When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Name added from
supplemental reportMrs Roy Byrd
(Date of) _____
Registrar.