

(1) PLACE OF BIRTH

County of GeorgetownTownship of Georgetown

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1937

Registration District No. 2346 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Luther Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1937</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charlie Smith(9) PRESENT POSTOFFICE OF FATHER Georgetown RFD(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Georgetown Co(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Lee Wallace(15) PRESENT POSTOFFICE OF MOTHER Georgetown RFD(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Georgetown Co(19) OCCUPATION House Wife(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 Alive, at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harriet K. Watson, Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 1937 (28) S. R. B. B. B. 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.

MARGIN RESERVED FOR BINDING.

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.

McCauley, of Columbia.