

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, returned.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Anderson
Township of Beltan
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)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

FILE No.—For State Registrar Only

00240

Registered No. _____
(For use of Local Registrar)

St.; _____ Ward)

2. FULL NAME OF CHILD

Joe Richard Smith

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

3. Boy or Girl Girl If Plural birth _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth Feb. 9, 1916
(Month, day, year)

FATHER

9. Full name Richard Leland Smith

10. Residence (usual place of abode) Beltan, S.C.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 50 (Years)

13. Birthplace (city or place) Beltan, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Present Time

17. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. P. Harrison M.D.

or _____ Midwife

Given name added from _____
a supplemental report _____ (Date of)

Address Beltan S.C.

Filed 1/9/17, 19 _____ M. B. Woodward M.D.

Registrar.

Registrar.