

16 092972

FILE No.—For State Registrar Only
00240

1. PLACE OF BIRTH

County of Anderson
Township of Beltau
or
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. 300Registered No.....
(For use of Local Registrar)

(No.....St.;Ward)

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

2. FULL NAME OF CHILD

Joe Richard Smith / If child is not yet named, make supplemental report as directed.

3. Boy or Girl	If Plural birth	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Are Parents Married?	8. Date of birth	19
					yes	yes	<u>Feb. 9</u>	<u>1916</u>
9. Full name				18. Full maiden name		MOTHER		
<u>FATHER</u> <u>Richard Durand Smith</u>				<u>Mattie Chapman</u>				
10. Residence (usual place of abode)				19. Residence (usual place of abode)				
<u>Beltau, S.C.</u>				<u>Beltau, S.C.</u>				
11. Color or race		12. Age at last birthday		20. Color or race		21. Age at last birthday		
<u>W</u>		<u>50</u> (Years)		<u>W</u>		<u>28</u> (Years)		
13. Birthplace (city or place)				22. Birthplace (city or place)				
<u>Beltau, S.C.</u>				<u>Saluda, S.C.</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				17. Total time (years) spent in this work		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.		
<u>Farmer</u>						<u>Domestic</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
<u>Own Farm</u>						<u>Own Home</u>		
16. Date (month and year) last engaged in this work				17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work		
<u>Present time</u>						<u>Present time</u>		
27. Number of children of this mother (At time of birth and including this child)				(a) Born alive and now living		(b) Born alive but now dead		(c) Stillborn
<u>2</u>				<u>2</u>		<u>0</u>		<u>0</u>
28. If stillborn, period of gestation				29. Cause of stillbirth		Before labor		
						During labor		

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. Harris M.D.

or.....Midwife

Given name added from
a supplemental report.....
(Date of)Address Beltau S.C.Filed 1/9/11, 19.....M. B. Woodward M.D.
Registrar.

Registrar.

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, stated.

(See instructions on Back of Certificate)