

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
66257

(1) PLACE OF BIRTH

County of Spartanburg

Township of Shiloh

Inc. Town of _____

City of _____

Registration District No. 4005 Registered No. 54
(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

Smith

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? _____

(5) Number in order of birth _____

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 3
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME George Smith

(9) PRESENT POSTOFFICE OF FATHER Pauline S. B. R.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Spartanburg Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Allen

(15) PRESENT POSTOFFICE OF MOTHER Pauline S. B. R.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Spartanburg Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) S. J. D. Lammie M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Pauline S. B.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in marks)
James C. White

(27) Filled by James C. White 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.

Local Registrar

MAKING MEMORANDUMS IN THE FURNISHING OF THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MATCH THE M. H.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, IN QUESTION 8. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

*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.