

(1) PLACE OF BIRTH

County of Colleton  
Township of Wadsworth  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(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  
**48727**

Registration District No. 1916 Registered No. 22  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 3d (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 5, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charley C. Price  
(9) PRESENT POSTOFFICE OF FATHER Smash S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Colleton Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Three

**MOTHER.**

(14) NAME BEFORE MARRIAGE Daisy Smith  
(15) PRESENT POSTOFFICE OF MOTHER Smash S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Colleton Co. S.C.  
(19) OCCUPATION Domestic Work  
(21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) H. M. Carleton  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Smash S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6, 1916 (28) Levin C. Rickett Legal 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.

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WHEN PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
M.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.  
McCay, of Columbia.