

(1) PLACE OF BIRTH

County of UnionTownship of Jonesvilleor  
Inc. Town of Jonesville  
orCity of Jonesville

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

(2) Full Name of Child Agnes Louise Smith { If child is not yet named, make supplemental report as directed(3) ~~BOY OR~~  
GIRL?(4) ~~Two~~  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH Aug. 25 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Robert B. Smith(9) PRESENT  
POSTOFFICE  
OF FATHER Jonesville(10) COLOR  
OR  
RACE W. (11) AGE AT LAST  
BIRTHDAY 32  
(Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Salesman(20) Number of children born to  
mother, including present birth { 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Elizabeth Littlejohn(15) PRESENT  
POSTOFFICE  
OF MOTHER Jonesville S.C.(16) COLOR  
OR  
RACE W. (17) AGE AT LAST  
BIRTHDAY 32  
(Years)(18) BIRTHPLACE Union Co. S.C.(19) OCCUPATION Domestic(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 born at P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. McNamee

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

Given name added from a supplement-  
al reportL. A. River M.D. 1916L. A. River M.D.  
Registrar(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed ..... 191..... (28) .....  
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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75021

Registration District No. 424 Registered No. 58  
(For use of Local Registrar)

MARGIN RESERVED FOR BINDING.

WHEN 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.

McCaw, of Columbia.