

(1) PLACE OF BIRTH

County of Union

Township of Jonesville

or Town of Jonesville

or City of Jonesville

(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  
**75021**

Registration District No. 4200

Registered No. 58  
(For use of Local Registrar)

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

(3) <del>BOY OR GIRL?</del>	(4) <del>Twins or Triplets?</del>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Aug. 25</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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**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 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 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 Jonesville M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report  
L. A. Rivers M.D.  
1916  
Registrar

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

(27) Filed 1916 (28) [Signature] 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.

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.