

FIRST-BORN, No. 2. THE OTHERS, No. 3, etc., in question 5.

(1) PLACE OF BIRTH

County of
Township of
OR
Inc. Town of
or
City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

29250

1385

Registration District No.

Registered No.
(For use of Local Registrar.)

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

(2) Full Name of Child Caroline Smith

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 (6) Are Parents Married? Yes. (7) DATE OF BIRTH Sept. 17, 1902
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Edward Smith

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE York, S.C.

(13) OCCUPATION Retail grocer

(20) Number of children born to mother, including present birth Nine (9)

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Della Likes

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)

(18) BIRTHPLACE Fort Riley, Kansas.

(19) OCCUPATION Housewife.

(21) Number of children of this mother now living, including present birth Eight (8)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hawkins

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

Given name added from a supplemental report

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

(27) Filed 9/21/02 (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.

Registrar.