

WRITE 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 8.

McCaw of Columbia

(1) PLACE OF BIRTH

County of Greenville  
Township of Butler  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only

12983

Registration District No. 2202 Registered No. 103  
(For use of Local Registrar)

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

(2) Full Name of Child Dona Sue Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. Brantly Smith  
(9) PRESENT POSTOFFICE OF FATHER Simpsonville Ark #1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Greenville Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Hobbie Baldwin  
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville Ark #1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Greenville Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. F. McHarris M. D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S. C. Ark #3

Given name added from a supplemental report  
Jane S. 1916  
Greenville  
County Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 8, 1917 (28) H. F. McHarris Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person who attended this birth, 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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