

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins the registrars use a separate blank form each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of
or
City of
(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

No. 402 — For State Registrar Only
888

Registration District No. 13 Registered No. 13
(For use of Local Registrar)

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

3) BOY OR GIRL <u>Boy</u>	4) Type or Type of <u>2</u> To be entered only in case of Twin or Triplet	5) Age at Birth <u>2</u>	6) Date of Birth <u>1-22-1913</u> (Month of Month) (Day) (Year)
FATHER		MOTHER	
8) Full Name <u>Joe H. Smith</u>	14) Name before Marriage <u>Genie S. Trichland</u>	9) Present Postoffice of Father <u>Summers, S.C.</u>	15) Present Postoffice of Mother <u>Summers, S.C.</u>
10) Color or Race <u>White</u>	11) Age at Last Birthday <u>28</u> (Years)	16) Color or Race <u>White</u>	17) Age at Last Birthday <u>25</u> (Years)
12) Birthplace <u>S.C.</u>		18) Birthplace <u>S.C.</u>	
13) Occupation <u>Farming</u>		19) Occupation <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>Two</u>		21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 A.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. F. Underhill

(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 mark)

(27) Signed Feb 3 1913 (28) W. S. F. Underhill 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.

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