

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

57601

Inc. Town of Registration District No. 4042 Registered No. 176
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 18 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claud Smith
 (9) PRESENT POSTOFFICE OF FATHER Cherokee SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Phone)

(12) BIRTHPLACE Spartanburg

(13) OCCUPATION Merchandise

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Hinkle

(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Spartanburg

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Balaine at 1:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. McPherson

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

Physician Cherokee SC

Given name added from a supplemental report

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

(27) Filed Apr 20 1916 (28) J. B. McPherson 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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

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 5.

McPherson of Columbia