

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.

MOCAV OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Georgetown
 Township of
 or
 Inc. Town of
 or
 City of Georgetown (No. 1032 Church Ward)
 (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
72820

Registration District No. 21-A Registered No. 73
 (For use of Local Registrar)

(2) Full Name of Child Claud 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** 10 **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH.** Aug 9 1916
 To be answered only in event of Twins or Triplets (Name of Month) Day (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Henry Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>	(10) NAME BEFORE MARRIAGE <u>Huggie Burgess</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u>
(12) BIRTHPLACE <u>Sam pit S.C.</u>	(13) OCCUPATION <u>Welder</u>	(14) AGE AT LAST BIRTHDAY. <u>44</u>	(15) COLOR OR RACE <u>White</u>
(16) COLOR OR RACE <u>White</u>	(17) BIRTHPLACE <u>Georgetown</u>	(18) AGE AT LAST BIRTHDAY. <u>38</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Bassard
(24) State whether Physician or Midwife Midwife **(25)** Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Aug 13 1916 **(28)** W. H. Nyle 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.