

MARGIN RESERVED FOR BINDING.
WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Monkboro</u>		STATE OF SOUTH CAROLINA		78287	
Township of <u>Braconville</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>3303</u>		Registered No. <u>64</u>	
or				(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 <u>Lebogah Smith</u> If child is not yet named, make supplemental report as directed					
(3) SEX OR	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>Boy</u>	<u>Twins</u>	<u>6</u>	<u>yes</u>	<u>Aug 19 1916</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Smith</u>			(14) NAME BEFORE MARRIAGE <u>Missouri Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Braconville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Braconville S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u>			(17) AGE AT LAST BIRTHDAY <u>25</u>		
(12) BIRTHPLACE <u>Dorchester Co</u>			(18) BIRTHPLACE <u>Monkboro Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>6</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 <u>born alive</u> at <u>11:30 am</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy Wilds</u>					
(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) Filed <u>Sept 7 1916</u> (28) <u>R. D. Rogers</u> Local Registrar					
*When there was no attending physician or midwife, 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.					

McGraw-Hill, Columbia, S. C.