

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—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.

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

File No.—For State Registrar Only
17267

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Desmond Hill
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 44
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>
To be answered only in event of Twins or Triplets			(7) DATE OF BIRTH... <u>June 22</u> <small>(Name of Month) (Day) (Year)</small>

FATHER.		MOTHER.	
(8) FULL NAME <u>Harmon Smith</u>	(14) NAME BEFORE MARRIAGE <u>Rose Hunt</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY... <u>3-0</u> <small>(Year)</small>	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY... <u>3-5</u> <small>(Year)</small>
(12) BIRTHPLACE <u>Abbeville S.C.</u>	(18) BIRTHPLACE <u>Abbeville S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report.....
 (26) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/8 1912 (28) [Signature] 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 as desired of stillbirths before the fifth month of pregnancy.

RECAP OF COLUMBIA, COLUMBIA, S. C.