

16 093533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of.....Dorchester		STATE OF SOUTH CAROLINA		0134	
Township of.....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No.....1703		Registered No.....	
or		(No.....St. George, S.C.....St.;		(For use of Local Registrar)	
City of.....		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Ward	
2. FULL NAME OF CHILD		MAE ELIZABETH SMITH		(If child is not yet named, make supplemental report as directed.)	
3. Boy or Girl	If Plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Are Parents Married.....yes	8. Date of birth.....April 14, 1916
Girl		5. Number, in order of birth.....	Full term.....		(Month, day, year)
9. Full name FATHER			18. Name before marriage MOTHER		
Arthur M. Smith			Lottie Thomas		
10. Residence (mailing address) (If non-resident, give place and State).....St. George, S.C.			19. Residence (mailing address) (If non-resident, give place and State).....St. George, S.C.		
11. Color or race.....white	12. Age at last birthday.....39 (Years)		20. Color or race.....white	21. Age at last birthday.....20 (Years)	
13. Birthplace (city or place).....St. George, S.C.			22. Birthplace (city or place).....Holly Hill, S.C.		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....Carpenter			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....Housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....Self			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....At Home		
16. Date (month and year) last engaged in this work.....Present 16			25. Date (month and year) last engaged in this work.....Present 19 16		
17. Total time (years) spent in this work.....Life			26. Total time (years) spent in this work.....		
27. Number of children of this mother (At time of birth and including this child) 1 (a) Born alive and now living.....1 (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth.....					
Specify any physical deformities of child at birth.....					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was Born Alive at 2 A. M. on the date above stated.					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)					
(Signed) P. D. Bellamy, M.D.					
or....., Midwife					
Address.....St. George, S.C.					
Filed.....JUL 23 1940					
Registrar.....Martin B. Woodward, M.D.					
7-23-40					