

16 093533

1. PLACE OF BIRTH

County of.....Dorchester.....

Township of.....

or
Inc. Town of.....

or
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1703

FILE No.—For State Registrar Only

0134

Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

MAE ELIZABETH SMITH

3. Boy or Girl Girl

If Plural
births

4. Twin, triplet, or other.....

6. Premature.....

7. Are Parents

8. Date of birth.....

April 14, 1916

(Month, day, year)

9. Full name

FATHER

Arthur M. Smith

18. Name before marriage

MOTHER

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

(State or country)

S.C.

22. Birthplace (city or place)

Holly Hill

(State or country)

S.C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Self

16. Date (month and year) last engaged in this work

Present

16

17. Total time (years) spent in this work Life

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

At Home

25. Date (month and year) last engaged in this work

Present

19 16

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 1

28. If stillborn, period of gestation.....

months
weeks

(a) Born alive and now living 1

(b) Born alive but now dead.....

(c) Stillborn.....

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.)

(Born alive or stillborn)

(Signed) P. J. Bellamy

or.....

Address St. George, S.C.

Filed JUL 23 1940

(Date of)

Registrar.

Martin B. Woodward, M.D.

7-23-40

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)