

(1) PLACE OF BIRTH

County of Greenville

Township of

In: Town of

or

City of Greenville

(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

28437

Registration District No. 29A Registered No. 452

(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 9. 5. 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. V. Mahon Smith(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Auto Sales(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Julia Padden(16) PRESENT POSTOFFICE OF MOTHER City(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living at 4:35 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. T. Moore M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 11 1923 (28) C. E. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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