

(1) PLACE OF BIRTH
County of Hampton
Township of Palmetto

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

File No. 4172
(For State Registrar Only)

Inc. Town of Varrville SC Registration District No. 7402 Registered No. 13
(For use of Local Registrar)
City of Varrville SC (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX Male (4) Type or Triplet? 1 (5) Number in order of birth 1 (6) Age of Mother 26 (7) DATE OF BIRTH Feb 23
(Name of Mother) (Day) (Year)

FATHER: (8) FULL NAME Horace Smith (9) NAME BEFORE MARRIAGE Dras Kearse

(10) PRESENT RESIDENCE OF FATHER Varrville SC (11) PRESENT RESIDENCE OF MOTHER Varrville SC

(12) COLOR White (13) AGE AT LAST BIRTHDAY 26 (14) COLOR White (15) AGE AT LAST BIRTHDAY 26
(Years) (Years)

(16) BIRTHPLACE SC (17) BIRTHPLACE DC

(18) OCCUPATION Asst. Rep. Genl. (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child on Feb 23 at Varrville SC (Name of Mother) (Day) (Year)

(23) Address of Physician or Midwife Varrville SC

Given name of child John
Surnames of child Smith
Sex Male
Color White
Weight 7 lbs
Length 19 in
Circumference of head 13 in
Circumference of chest 13 in
Circumference of arm 5 in
Circumference of leg 4 in
Foot 5 in
Finger 1 in
Nail 1/4 in
Molars 0
Incisors 0
Teeth 0
Hair 0
Eyes 0
Ears 0
Nose 0
Mouth 0
Throat 0
Lungs 0
Stomach 0
Liver 0
Spleen 0
Pancreas 0
Intestines 0
Bladder 0
Uterus 0
Vagina 0
Vulva 0
Clitoris 0
Penis 0
Scrotum 0
Testes 0
Prostate 0
Urethra 0
Vas Deferens 0
Epididymis 0
Spermatic Cord 0
Pamp. Nerve 0
Ductus Deferens 0
Utricle 0
Bulbourethral Gland 0
Cowper's Gland 0
Penile Gland 0
Gland of Tyson 0
Gland of Bartholin 0
Gland of Skene 0
Gland of Littre 0
Gland of Meibom 0
Gland of Zeiss 0
Gland of Moll 0
Gland of Fordyce 0
Gland of Montgomery 0
Gland of Tyson 0
Gland of Bartholin 0
Gland of Skene 0
Gland of Littre 0
Gland of Meibom 0
Gland of Zeiss 0
Gland of Moll 0
Gland of Fordyce 0
Gland of Montgomery 0

Physician or Midwife J. H. Rogers
Local Registrar

When this certificate is filed, the Registrar should make this return. If a child is born, the Registrar should make this return. If a child is born, the Registrar should make this return.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
B. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 1.