

(1) PLACE OF BIRTH

County of Durham

Township of

or
Inc. Town of Hartsvilleor
City of

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

(2) Full Name of Child

Clifford Allen Smith

File No.—For State Registrar Only

3551

Registered No. 13
(For use of Local Registrar)(3) BOY OR GIRL? B. (4) Twin or Triplet? (5) Number in order of birth

To be completed only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 10, 1923
(Name of Month) (Day) (Year)(8) FULL NAME C Percy Smith(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Officer at Cotton mill

(14) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE Esther Farmer(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) William R. Smith

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

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Date Mar 12 23 (27) Local 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 is desired of stillbirths before the fifth month of pregnancy.

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