

(1) PLACE OF BIRTH

County of BlanchesterTownship of Blanchesteror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1702 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

If child is not yet named, make
supplemental report as directed

(2) Full Name of Child

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet? To be answered only in case of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>yes</u>	(5) DATE OF BIRTH <u>Dec 24, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME <u>Joseph A. Smith</u>	(7) PRESENT POSTOFFICE OF FATHER <u>Ridgewood, L.C.</u>	(8) COLOR OR RACE <u>white</u>	(9) AGE AT LAST BIRTHDAY <u>26</u> (Year)
(10) BIRTHPLACE <u>Ridgewood, L.C.</u>	(11) OCCUPATION <u>Farmer</u>		

MOTHER.

(12) NAME BEFORE MARRIAGE <u>Carline Patricia</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Ridgewood, L.C.</u>	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(16) BIRTHPLACE <u>Ridgewood, L.C.</u>	(17) OCCUPATION <u>Housewife</u>		

(18) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(20) (Signature) Chas. W. Jones
(21) State whether Physician or Midwife(22) Address of Physician or Midwife
Physician

Given name added from a supplemental report

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

(24) Filed Jan 1, 1924 (25) 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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