

Form No. 3

~~Canceled~~

~~noted~~

For Only

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of Anderson
Township of Branchway
or
Inc. Town of _____
or
of _____

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

40797

Registration District No. 301 Registered No. 57
(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)

2. FULL NAME OF CHILD Ruby Lee Smith { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? yes 7. DATE OF BIRTH Nov 28 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

8. FULL NAME Walter Maxwell Smith

14. NAME BEFORE MARRIAGE Janette Wilson

9. PRESENT POSTOFFICE OF FATHER Belton S.C.

15. PRESENT POSTOFFICE OF MOTHER _____

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 29 (Years)

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 23 (Years)

12. BIRTHPLACE Belton S.C.

18. BIRTHPLACE Belton S.C.

13. OCCUPATION Farmer

19. OCCUPATION Housewife

20. Number of children born to mother, including present birth { 2

21. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was _____ at 5:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature W.C. Campbell

24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report _____ 19____

26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)

27. Filed Jan. 10 1923 28. W.C. Campbell Local Registrar

Registrar
Ward)
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22
(Year)
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M. or P.M.)
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Registrar.
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There was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

PRINTING CO., COLUMBIA, S.C. U.S. GOVERNMENT PRINTING OFFICE: 1917. U.S. DEPARTMENT OF HEALTH, PUBLIC HEALTH SERVICE, BUREAU OF VITAL STATISTICS, WASHINGTON, D.C. FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

PLACE OF BIRTH

City of Anderson
 Township of Redwing
 OR
 Town of
 OR
 of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40797

Registration District No. 301Registered No. 57
(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.)

Full Name of Child Beaver Underwood

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

BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11-28 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

FULL NAME Walter W. UnderwoodPRESENT POSTOFFICE OF FATHER Belton S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)BIRTHPLACE Belton S.C.OCCUPATION FarmerNumber of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jeanette Wilson(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Belton S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 4:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Brown M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 1923 (28) W. C. Campbell
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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