

Form No. 3

1. PLACE OF BIRTH

Country of Anderson
 Township of Braucley
 or
 Inc. Town of _____
 or
 of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 301

FILE No.—For State Registrar Only

40797Registered 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

Housewife20. Number of children born to mother, including present birth { 221. 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 _____ on the date above stated.
(Born alive or stillborn)at 5:50 P. M.,
(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. _____

Registrar

26. Witness

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

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

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

the
 CHILD, and
 the
 OTHER, No. 1 THE OTHER, No. 2, etc., in question 5.

UI A WINDING
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
 PRINTING CO., COLUMBIA, S.C.

For Only

.....
(Registrar)

..... Ward)

.....
ed, make
directed1922
(Year)

(Years)

.....
M. or P. M.).....
Midwife.....
Registrar......
return......
ha

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 Bessie Anderson

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

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

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Janette Wilson(15) PRESENT POSTOFFICE OF MOTHER Bilton S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Bilton 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) N. C. Bowen M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bilton 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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