

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS, PRINT NAME OF EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH  
County of Calhoun  
Township of Ward  
or  
Inc. Town of.....  
or  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**41883**

Registration District No. 1409 Registered No. 82  
(For use of Local Registrar)

(2) Full Name of Child Edgar Loydd Smith { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Dec 18 1932  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Edgar Loydd Smith  
(9) PRESENT POSTOFFICE OF FATHER Ruffin  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE Ruffin  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Loice Lowrey  
(15) PRESENT POSTOFFICE OF MOTHER Ruffin  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Year)  
(18) BIRTHPLACE Ruffin  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. C. S. ...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Calhoun  
Given name added from a supplemental report  
(26) Witness ... (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Jan 10 1933 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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