

(1) PLACE OF BIRTH

County of Charleston

Township of

City of Robertson

(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

Registration District No. 9 ANo. 450

450

Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child Mary Louise Smith

St. Word)

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

(3) SEX Male	(4) Type or Type To be covered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age in Years Months	(7) DATE OF BIRTH <u>1-10-1933</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Doris Clyde Smith

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE H

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Wallerburg, S.C.

(13) OCCUPATION Club

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

MOTHER

(15) NAME BEFORE MARRIAGE Cecile Mary Raymond

(16) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(17) COLOR OR RACE W.

(18) AGE AT LAST BIRTHDAY 32
(Years)

(19) BIRTHPLACE Savannah, Ga.

(20) OCCUPATION Cook

(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 6:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. H. A. Rice

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mother)

(27) Filed 1/15/33

(28) 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.