

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

4051

Registration District No.

Registered No.

(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

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

1. SEX OR

CHILD

boy

2. Type

or Triplet

3. Number in

order of birth

4. Are

Parents

Married?

5. DATE OF

BIRTH

Feb 7 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

6. FULL

NAME

Herman Smith

7. PRESENT

POSTOFFICE

OF FATHER

in Greenville

8. COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

19

(Years)

9. BIRTHPLACE

Greenville

10. OCCUPATION

Farmer

(14) NAME BEFORE

MARRIAGE

Mary Wiley

(15) PRESENT

POSTOFFICE

OF MOTHER

Greenville

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Housewife

11. Number of children born to

mother, including present birth

1

(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 7:30 M.

on the date above stated.

(Born either stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only

when question 22 is signed by mark)

(27) 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 sixth month of pregnancy.