

PLATE OF BIRTH

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

No. for State Registrar only
19198

County of Greenville
Municipality of Greenville
or
The Town of
City of
(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Mary Elizabeth Smith yet named, make supplemental report as directed

2 SEX OR CHILD girl (3) Date of BIRTH Jan 3 1923
(4) Age of Child 1 yr
(5) Date of BIRTH (Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME Hubert A. Smith
(7) PRESENT POSTOFFICE OF FATHER Greenville
(8) COLOR OR RACE White
(9) BIRTHPLACE SC
(10) OCCUPATION None

MOTHER.
(14) NAME BEFORE MARRIAGE Kahn
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE SC
(19) OCCUPATION Dom
(21) Number of children of this mother now living, including present birth 1

22 Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(24) (Signature) [Signature]
(25) State whether Physician or Midwife Physician
(26) Address of Physician or Midwife [Address]

Give name added from a supplemental report
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(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(29) Filed May 29 1923 (30) Mrs. S. C. White 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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