

(1) PLACE OF BIRTH

County of Anderson
Township of Williamstone
or
Inc. Town of.....
or
City of.....

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

No. 38437 X

Registration District No. 3 B... Registered No. 92...
(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 Smith John Smith If child is not yet named, make supplemental report as directed

1) sex on boy 2) Age year 3) Number in order of birth 4) Date of birth Month 28 1923
(Name of Month) (Day) (Year)

FATHER.
1) Full Name Frank Jefferson Smith
2) Present Residence Piedmont
3) Williamstone
4) South Carolina
5) Occupation Farmer
6) Number of children born to mother, including present birth 1

MOTHER.
1) Full Name Leila Allison
2) Present Residence Piedmont
3) South Carolina
4) Transylvania County
5) Occupation Farmer
6) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(29) (Signature) John P. Smith (30) State whether Physician or Midwife (31) Date of Signature or License Dec 12 1923

(32) Given name added from a supplemental report
(33) Witness (Signature of Witness necessary only when question 28 is signed by mother)
(34) Registrar Dec 12 1923 (35) Local Registrar J. T. Manning

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate, and if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.