

Form No. 18

(1) PLACE OF BIRTH

County of Orchestrator

Township of .....

Inc. Town of .....

City of St. George11/4/24  
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

FILE NO. For State Registrar Only

35707

Registration District No. 1203 Registered No. 81  
(For use of Local Registrar)(2) Full Name of Child not named  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age of Parents	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>William Schneider</u>	(9) NAME BEFORE MARRIAGE	<u>Georgia Grazier</u>
(10) PRESENT POSTOFFICE OF FATHER	<u>St. George, S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER	<u>St. George, S.C.</u>
(12) COLOR OR RACE	<u>Colored</u>	(13) COLOR OR RACE	<u>Colored</u>
(14) BIRTHPLACE	<u>S.C.</u>	(15) BIRTHPLACE	<u>S.C.</u>
(16) OCCUPATION	<u>Farmer</u>	(17) OCCUPATION	<u>Housewife</u>
(18) Number of children born to mother, including present birth	<u>7</u>	(19) Number of children of the mother now living, including present birth	<u>7</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated.  
(For delivery certificate, State M. or F.M.)

(21) (Signature) <u>Medford Smith</u>	(22) Address of Physician or Midwife <u>St. George, S.C.</u>
(23) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report	(24) Witness <u>Mrs. J. S. Jennings</u> (Signature of Witness necessary only when question 20 is signed by clerk)
	(25) Filed <u>Dec. 10, 1924</u> at <u>this City</u>

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of month of pregnancy.