

(1) PLACE OF BIRTH

County of Lexington
 Township of Richwood
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43502

Registration District No. 31.07 Registered No. 83
 (For use of Local Registrar)

City of (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 Ruby Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Grover Cleveland Smith (14) NAME BEFORE MARRIAGE David Annie Blainz
 (9) PRESENT POSTOFFICE OF FATHER Seesville S.C. R.F.D. No 5- (15) PRESENT POSTOFFICE OF MOTHER Seesville S.C. R.F.D. No 5-
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Orangeburg County (18) BIRTHPLACE Lexington County
 (13) OCCUPATION Farmer (19) OCCUPATION House-wife
 (20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Sidney Black
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Seesville S.C.

Given name added from a supplemental report

M.B.W. MD.

2/26/42

19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 18 (28) P.O. Shealy 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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WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED AT COLUMBIA, S. C.