

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 33183 - For State Registrar Only

Registration District No. 3304 Registered No. 154
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 24, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Not Known</u>	(14) NAME BEFORE MARRIAGE <u>Mary Williams</u>	(14) FULL NAME <u>Benjamin Smith Jr.</u>	(14) NAME BEFORE MARRIAGE <u>Benjamin Smith Sr.</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort S.C.</u>	(15) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE	(16) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE	(16) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY <u>18</u>	(17) AGE AT LAST BIRTHDAY	(17) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Marlboro S. C.</u>	(18) BIRTHPLACE	(18) BIRTHPLACE
(13) OCCUPATION	(19) OCCUPATION <u>Farmer Labor</u>	(19) OCCUPATION	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 12, 1925 (28) [Signature] 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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