

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of

City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar's Use

180

Registration District No. 32 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Florence S. Smith

If child is not yet named, make supplemental report as directed

(3) SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thos Lafayette Smith(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE Gainesville Ga.(13) OCCUPATION cotton mill Oper.(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Avarilla Stinson(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Franklin Co Ga.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 M., on the date above stated. (Here alive or stillborn. (Hour A. M. or P. M.))(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 B. CRAYTON Registrar

When there was no attending physician or midwife, then the father, household head, or other person must sign. 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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