

(1) PLACE OF BIRTH

County of Charlotte

Township of

City of

City of Charlotte

City of

(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

Registration District No. 9 ANo. 16982Registered No. 854
(For use of Local Registrar)(2) Full Name of Child Billy Smulls

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Age of Mother <u>16</u>	7) DATE OF BIRTH <u>June 12 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joe Smulls(9) PRESENT POSTOFFICE OF FATHER 20 Inspection(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown(15) PRESENT POSTOFFICE OF MOTHER 20 Inspection(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE city(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 157 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Abbie L. Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 21 Marsh

Given name added from a supplemental report

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

(27) Filed 15 19 23 Merwin Green M.D. 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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