

**PLACE OF BIRTH**

**CERTIFICATE OF BIRTH**

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

File No.—For State Register Only

5477

County of .....

Township of .....

or  
In Town of .....

or  
City of .....

Registration District No. 511 Registrar No. 10  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Ellen Miriam Smith If child is not yet named, make supplemental report as directed

(2) SEX OR CHILD Girl (3) Twin or Triplet? ✓ (4) Number in order of birth ✓ (5) Are Parents Married? ✓ (6) DATE OF BIRTH Feb 16 1923  
(Name of Month) (Day) (Year)

**FATHER**

(7) FULL NAME Joseph S. Smith

(8) PRESENT POSTOFFICE OF FATHER Kingslee SC RT 1

(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 40  
(Years)

(11) BIRTHPLACE Williamsburg Co.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth Six

**MOTHER**

(14) NAME BEFORE MARRIAGE Mellie Fagin

(15) PRESENT POSTOFFICE OF MOTHER Kingslee SC RT 1

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE Williamsburg Co.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was Alive on Feb 16 1923 on the date above stated. (Born alive or stillborn) (Month) (Day) (Year)

(22) (Signature) T. S. Blumington (23) Address of Physician or Midwife Kingslee, S.C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

May 11 1923

Jessie Fairley

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Mar 6 1923 (27) S. A. Tisdale 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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