

## (1) PLACE OF BIRTH

County of MarbleTownship of 12th

OF

Inc. Town of

OF

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4700

Registration District No. 3411 Registered No. 3

(For use of Local Registrar)

(No. .... HL. .... Ward)

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

(2) Full Name of Child William Joseph Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 12 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Joseph Smith(9) PRESENT POSTOFFICE OF FATHER Marble(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Marble(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Frances E. Smith(15) PRESENT POSTOFFICE OF MOTHER Marble(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE Marble(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 7:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. J. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marble

(Given name added from a supplemental report)

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

(27) Filed Mar 12 1923 (28) W. J. Smith 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.