

(1) PLACE OF BIRTH

County of York

Township of York

or
City of York

or
City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

30638

Registration District North Registered No. 72
(For use of Local Registrar)

Birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Edith S. Smith If child is not yet named, make supplemental report as directed

(1) SEX <u>Female</u>	(2) Type or Triplet <u>Single</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 28 1923</u> (Name) (Month) (Year)
(6) FULL NAME <u>Edith S. Smith</u>			(7) MOTHER'S <u>Julie May Blair</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>York</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>York</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>2.3</u>	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>19</u>	(14) BIRTHPLACE <u>York</u>
(15) OCCUPATION <u>Mill Worker</u>			(16) OCCUPATION <u>Wife</u>	
(17) Number of children born to mother, including present birth <u>1</u>			(18) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at York on the date above stated.

(21) (Signature) [Signature]
(22) State whether Physician or Midwife Physician

Given name added from a supplement-
al report

Janie L. Smith
Jan 17 1924
Registrar

(23) Witness (Signature necessary only
when question 22 is signed by nurse)

(24) Filed 10/16 23 (25) A. L. Baker
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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