

(1) PLACE OF BIRTH

County of LancasterTownship ofIncr. Town of
OFCity 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

File No.—for State Registrar Only

17754

Registration District No. 22 Registered No. 318

(For use of Local Registrar)

(No. St. Ward)(2) Full Name of Child Albert B. Battle Smith

If child is not y. named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or triplet?

(5) Number in order of birth
(to be entered only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH June 19 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME My Albert B. Smith(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE New Jersey(13) OCCUPATION Representative, Low Products(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Anderson(15) PRESENT POSTOFFICE OF MOTHER Lancaster P.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE England(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 at 2:55 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness [Signature]

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

(27) Filed July 1, 1923 (28) C. 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 sixth month of pregnancy.

before the fifth month of pregnancy.