

## (1) PLACE OF BIRTH

County of Alford  
 Township of Wilson  
 of  
 Inc. Town of .....  
 of  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 14.—For State Registrar  
**2724**

Registration District No. 1603 Registered No. 9  
 (For use of Local Registrar)

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

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

(1) BOY OR GIRL Girl (2) Type or Frigate ..... (3) Number in order of birth ..... (4) Sex Female (5) DATE OF BIRTH Feb 2 23  
 To be answered only in case of Twins or Triplets

FATHER.		MOTHER.	
(6) FULL NAME <u>Amelia P. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Amelia P. Smith</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Yonkers</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Yonkers</u>
(18) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(18) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>Yonkers</u>	(15) OCCUPATION <u>Teacher</u>	(19) BIRTHPLACE <u>Yonkers</u>	(15) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (Sign A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Amelia P. Smith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Yonkers

Given name added from a supplemental report

(26) Witness John P. Smith  
 (Signature of Witness necessary only when question 25 is signed by father)  
 (27) Date Feb 10 23 (28) Local Registrar John P. Smith

When there was an attending physician or midwife, his name, occupation, etc., should appear on this return.  
 If a child becomes a stillbirth, the report is entered on a separate form.