

(1) PLACE OF BIRTH

County *Spartanburg*

Township of

In Town of *Woodruff*

City 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

5210

Registration District No. *40 B* Registered No. *16*

(For use of Local Registrar)

(2) Full Name of Child *Roxie Jaunita Smith* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 23, 23* (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Dewey Smith</i>	(14) NAME BEFORE MARRIAGE <i>Etta Reid</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Woodruff S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Woodruff S.C.</i>
(16) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT BIRTHDAY <i>24</i> (Years)	(17) AGE AT BIRTHDAY <i>23</i> (Years)
(18) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>N.C.</i>	(19) OCCUPATION <i>mill work</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *B. J. Workman*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report

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

(27) Filed *Mar 19 23* (28) *Chas. L. Boynton* 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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