

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Hammond
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
19658

Registration District No. 205 Registered No. 15
 (For use of Local Registrar)

(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 Henry Smith (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>July 31</u> : <u>23</u> (Month of Year) (Day) (Year)
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FATHER.

8) FULL NAME Eugene Smith
 9) PRESENT POSTOFFICE OF FATHER Augusta A. 3
 10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 39
 12) BIRTHPLACE So
 13) OCCUPATION farm hand
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Mary Foster
 15) PRESENT POSTOFFICE OF MOTHER Augusta A. R. 3
 16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 24
 18) BIRTHPLACE So
 19) OCCUPATION house wife
 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A. M.
 on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) Signature Alfred A. Stewart
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta A. R. 3

Given name added from a supplemental report

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

(27) Filed Aug 7 1923. (28) J. M. Gordon Local Registrar

When there was no attending physician or midwife, then the father, householder, or ... 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 3 McGraw-Hill Co., Columbia, S. C.