

Form No. 1

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Hammond  
 or  
 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)

(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 Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 31 1923  
 (Specify Month, Day, Year)

## 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. 3  
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 38  
 (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 Oak R. M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert A. Edwards  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta A. 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. Foster 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 INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.