

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING 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 5.

| (1) PLACE OF BIRTH County of <u>City</u> Township of <u>Eastville</u> or Inc. Town of <u>Eastville</u> or City of <u>Eastville</u> (No. <u>3606</u>) (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 <u>5271</u> | |
|--|--|--|--|--|--|--|--|
| (2) Full Name of Child <u>George A. Smith</u> | | | | Registered No. <u>14</u> (For use of Local Registrar) | | St.; Ward) | |
| (3) BOY OR GIRL <u>Boy</u> | | (4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets | | (5) Number in order of birth <u>1</u> | | (6) Are Parents Married <u>Yes</u> | |
| (7) DATE OF BIRTH <u>Jan 31 1924</u> (Name of Month) (Day) (Year) | | If child is not yet named, make supplemental report as directed | | | | | |
| FATHER. | | | | MOTHER. | | | |
| (8) FULL NAME <u>George A. Smith</u> | | | | (14) NAME BEFORE MARRIAGE <u>Lella Jeffers</u> | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Eastville S.C.</u> | | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Eastville S.C.</u> | | | |
| (10) COLOR OR RACE <u>White</u> | | (11) AGE AT LAST BIRTHDAY <u>39</u> (Years) | | (16) COLOR OR RACE <u>White</u> | | (17) AGE AT LAST BIRTHDAY <u>31</u> (Years) | |
| (12) BIRTHPLACE <u>SC</u> | | | | (18) BIRTHPLACE <u>P.C.</u> | | | |
| (13) OCCUPATION <u>farmer</u> | | | | (19) OCCUPATION <u>Laber</u> | | | |
| (20) Number of children born to mother, including present birth <u>3</u> | | | | (21) Number of children of this mother now living, including present birth <u>3</u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | | | |
| (23) (Signature) <u>Hattie Brown</u> | | | | (25) Address of Physician or Midwife <u>Eastville</u> | | | |
| (24) State whether <u>Physician or Midwife</u> | | | | (26) Witness <u>John Brown</u> | | | |
| Given name added from a supplemental report | | | | (27) Filed <u>Feb 30 24</u> (28) <u>John Brown</u> 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. | | | | | | | |