

(1) PLACE OF BIRTH

County of

Township of

Incl. Town of
orCity of *Charleston*

Registration District No.

(No. *29 Anson*)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *David Harold Smith*(1) BOY OR GIRL? *B*(4) Twin or Triplet? *X*(5) Number in order of birth *X*(6) Are Parents Married? *Y*(7) DATE OF BIRTH *August 23, 1922*

FATHER.

(8) FULL NAME *Ben Smith*(9) PRESENT POSTOFFICE OF FATHER *29 Anson*(10) COLOR OR RACE *C* (11) AGE AT LAST BIRTHDAY *45* (Years)(12) BIRTHPLACE *N. C.*(13) OCCUPATION *Painter*(14) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Sisterunk*(15) PRESENT POSTOFFICE OF MOTHER *29 Anson*(16) COLOR OR RACE *C* (17) AGE AT LAST BIRTHDAY *36* (Years)(18) BIRTHPLACE *Orangeburg*(19) OCCUPATION *Domestic*(20) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 A.M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Abbie Jenkins*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *21 Marsh*

Given name added from a supplemental report

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

(27) Filed *9/2/22* (28) 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.

Leon Banov, M.D. Registrar

Filed *9/2/22* Con. *9/2/22* Registrar