

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofCity of Greenville

(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 Register Only

17729

Registration District No. 22ARegistered No. 17729

(For use of Local Registrar)

(No. 115 Town St.; Ward)(2) Full Name of Child James Nathan Smith2) BOY OR GIRL X 4) Twin or Triplet No 5) Number in order of birth 1 6) Sex Male 7) DATE OF BIRTH 6/16/13 (Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER. MOTHER.

1) NAME Walter Kendrick Howard 2) NAME Elizabeth3) RESIDENCE Greenville S.C. 4) RESIDENCE Greenville S.C.5) COLOR Wh 6) COLOR Wh 7) AGE AT LAST BIRTHDAY 24 8) AGE AT LAST BIRTHDAY 20 (Year)9) OCCUPATION Clerk, Graduate 10) OCCUPATION House work11) Number of children born to mother, including present birth 2 12) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(24) (Signature) H. M. Smith (25) Address of Physician or Midwife

(26) State whether Physician or Midwife

Given name added from a supplemental report

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

(28) Filed June 16 1913 (29) C. E. Smith 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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