

(1) PLACE OF BIRTH

County of York
 Township of Livingston
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

Registration District No. 4407

No. for State Register Only

38105Registered No. 150
(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

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(3) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 2 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John L. Smith</u>			(10) NAME BEFORE MARRIAGE <u>John L. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Livingston, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Livingston, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>2</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>2</u> (Year)	
(16) BIRTHPLACE <u>Livingston, S.C.</u>			(17) BIRTHPLACE <u>Livingston, S.C.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 AM., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) John L. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Livingston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 2 1923by John L. 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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