

Form No. 1

(1) PLACE OF BIRTH

County of Columbia
 Township of Rich Grove
 or
 Inc. Town of Stone Mountain
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
27361

Registration District No. 852 Registered No. 50
 (For use of Local Registrar)

(City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Earl Smith If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? 4) Twin or Triplet? 5) Number in order of birth 4 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 15 1923
 To be answered only in event of Twin or Triplet (Name, Month, Day, Year)

FATHER.

8) FULL NAME James E. Smith
 9) PRESENT POSTOFFICE OF FATHER Stone Mountain
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 24
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Myrtle M. Smith
 15) PRESENT POSTOFFICE OF MOTHER Stone Mountain
 16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 22
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white on the date above stated. (Born alive or stillborn? born alive Hour A. M. or P. M. 9 P.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 112 - 117 C. - 1

Given name added from a supplemental report

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

(27) Filed Sept 15 1923 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.