

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of 1st  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**19991**

Registration District No. 702 Registered No. 46  
 (For use of Local Registrar)

(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 Mary V. Smith If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 4 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Golden Smith  
 (9) PRESENT POSTOFFICE OF FATHER Bonham S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
 (Years)  
 (12) BIRTHPLACE Berkeley Co. Md.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Bonham S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33  
 (Years)  
 (18) BIRTHPLACE Berkeley Co. S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 5  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hagitt Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonham S.C.

Given name added from a supplemental report

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

(27) Filed 7/10/ 1923 (28) R. B. Lincoln 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 required of stillbirths before the fifth month of pregnancy.