

Form No. 1

(1) PLACE OF BIRTH

County of **Richland Co.**
 Township of **Lower**
 or
 Inc. Town of
 or
 City of

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

Registration District No. **3808**

File No. — For State Registrar Only

5127Registered No. **27**
(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 **Henry J. Smith**

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

(3) BOY OR GIRL **Boy** (4) Twin or Triplet **No** (5) Number in order of birth **1st** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Feb. 15, 1923**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **William J. Smith**
 (9) PRESENT POSTOFFICE OF FATHER **Hopkins**
 (10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **25**
 (Year) (12) BIRTHPLACE **Cedar Creek**
 (13) OCCUPATION **Farming**

MOTHER.

(14) NAME BEFORE MARRIAGE **Josephine Anderson**
 (15) PRESENT POSTOFFICE OF MOTHER **Hopkins**
 (16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **26**
 (Year) (18) BIRTHPLACE **Cedar Creek**
 (19) OCCUPATION

(20) Number of children born to mother, including present birth **9**(21) Number of children of this mother now living, including present birth **9****CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was **White** at **11:10** M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) **Charlotte Jackson**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness **Julius Smith**
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed **Mar 23, 1923** (28) **J. H. Jackson**
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.