

## (1) PLACE OF BIRTH

County of HauptnTownship of AdamsInc. Town of Earl BranchCity of Earl Branch

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30681

Registration District No. 3403Registered No. 62  
(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 June Grace (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 26, 1919  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Smith(9) PRESENT POSTOFFICE OF FATHER Earl Branch(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Willie Grace(15) PRESENT POSTOFFICE OF MOTHER Earl Branch(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Home Work(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 4th M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) June X. Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Earl Branch

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. B. McQueen(27) Filed Oct 3, 1919 (28) Local Registrar J. B. McQueen

\*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.