

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Path

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

2815

Registration District No. 307Registered No. 19

(For use of Local Registrar)

Ward

(2) Full Name of Child Edwin Dwight Smith

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

(1) SEX OR

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(9) FULL NAME

(14) NAME BEFORE MARRIAGE

(10) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(11) COLOR OR RACE

(16) AGE AT LAST BIRTHDAY

(Years)

(18) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

(14) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive as 12:53 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Williams(24) State-Residence of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

When there was no attending physician or midwife, a child breathes even once