

(1) PLACE OF BIRTH

County of Greenville
 Township of Austin
 or
 Inc. Town of.....
 or
 City of.....

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

No. 1a.—For State Registrar Only

43909

Registration District No. 2200 Registered No. 3
 (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 John G. Smith Jr. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Dec 30 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>John G. Smith</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Thompson</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Simpsonville S.C. R 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville S.C. R-1</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>56</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(16) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(18) Number of children born to mother, including present birth <u>5</u>			(19) OCCUPATION <u>Domestic</u>	
			(20) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement
 al report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Feb. 10, 1924 (27) E. J. Richardson 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.

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