

(1) PLACE OF BIRTH

County of Chester
 Township of Stalwell
 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

10494

Registration District No. 1604 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Gladys Smith

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

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 13, 1920
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (Name) (Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|---|--|---|
| (8) FULL NAME <u>Bess Smith</u> | (14) NAME BEFORE MARRIAGE <u>Mamie Crosby</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Leeds D.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Leeds D.C.</u> |
| (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>36</u> (1 year) | (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Year) | (12) BIRTHPLACE <u>Fairfield S.C.</u> | (18) BIRTHPLACE <u>Chester S.C.</u> |
| (13) OCCUPATION <u>Farmer</u> | (19) OCCUPATION <u>Housewife</u> | (20) Number of children born to mother, including present birth <u>7</u> | (21) Number of children of this mother now living, including present birth <u>6</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 12 at noon on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. V. G. Gentry
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Leeds D.C.

Given name added from a supplemental report

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Apr. 22, 1920 (28) H. D. M. S. Davis
 Registrar 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.