

(1) PLACE OF BIRTH  
County of *Aufas*  
Township of *Gangley*

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

File No.—For State Register Only  
**30802**

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

Registration District No. Y.I.T.A. Registered No. *1 A-4*  
(or use of Local Registrar)

St. (or Ward)

(2) Full Name of Child *Grace Edna Smith* If child is not yet named, make supplemental report as directed

(3) SEX GIRL	(4) AGE at BIRTH in MONTHS / 10 months or less than 1 year	(5) Number in order of birth 3	(6) Are Parents Married Yes	(7) DATE OF BIRTH— (Name of Month) <i>May</i> (Year) <i>1942</i>
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FATHER.

(8) FULL NAME *Dan. Smith*

(9) PRESENT POSTOFFICE OF FATHER *Gangley*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *Gangley*

(13) OCCUPATION *Petitioner*

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

(15) NAME BEFORE MARRIAGE *Rillie Baker*

(16) PRESENT POSTOFFICE OF MOTHER *Gangley*

(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *25* (Years)

(19) BIRTHPLACE *Gangley*

(20) OCCUPATION *Domestic*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, *Grace*, (whether活的或死胎) *活的* (or stillborn) *死胎* (or A. M. or P. M.) on the date above stated.

(23) (Signature) *D. Alexander M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician* *Gangley cc*

(Given name added from a supplemental report)

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Date *Apr. 3, 1942* *S. W. Spangler*  
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.