

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only
30070

Registration District No. 40

Registered No. 418
(For use of Local Registrar)

(2) Full Name of Child

Baby Smith

St.; Ward

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

Sex

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Sept 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam. W. Smith

(9) PRESENT POSTOFFICE OF FATHER

Spaulding

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Contractor

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

3

(14) NAME BEFORE MARRIAGE

Liz. A. Haynes

(15) PRESENT POSTOFFICE OF MOTHER

Spaulding

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. Mason

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

12/1/23 12:30 P.M. J. S. P. Local Registrar

19
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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