

(1) PLACE OF BIRTH

County of Calhoun
 Township of New Zion
 OF
 Inc. Town of 5
 OF
 City of ✓

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
3504

Registration District No. 131

Registered No. 5
 (For use of Local Registrar)

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

(2) Full Name of Child

3) BOY OR GIRL Boy 4) Twin or Triplet 5 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH July 11, 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. S. Smith

9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 39
 (Years)

12) BIRTHPLACE Orangeburg, S.C.

13) OCCUPATION Sawyer

20) Number of children born mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Carry Morgan

15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 35
 (Years)

18) BIRTHPLACE Bamberg Co., S.C.

19) OCCUPATION Wife

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 born at 52 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Bamber

(24) State whether Physician or Midwife Physician

(25) Address of Phys. or Midwife New Zion S.C.

Given name added from a supplementary report

11/21/23
 Registrar

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

(27) Filed 7.11.23 (28) J. H. B. Bone 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.