

(1) PLACE OF BIRTH

County of Wmshurg
 Township of Law
 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

19476

Registration District No. 305 Registered No. 46
 (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 Victoria Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>June 18 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Daniel Smith</u>			(14) NAME BEFORE MARRIAGE <u>Phillis Summors</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Washington, D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Balters Depot, S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>5-0</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Wmshurg co., S.C.</u>			(18) BIRTHPLACE <u>Wmshurg co., S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>farm laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rachel Frierson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Balters Depot, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Wmshurg
 (27) Filed June 21 1923 (28) Wmshurg 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.