

(1) PLACE OF BIRTH

County of GreenvilleTownship of ButlerInc. Town of GreenvilleCity of Greenville(2) Full Name of Child Delia Smith

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4003

Registration District No. 2202Registered No. 7

(For use of Local Registrar)

Ward

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

(3) Sex Female

(4) Twin or triplet

(5) Number in order of birth

(6) Age Parents

(7) DATE OF BIRTH Feb. 21, 1923

FATHER.

(8) Full Name Boyle Smith(9) Present Postoffice of Father Greenville(10) Color or Race Negro(11) Birthplace Baris(12) Occupation Farmer(13) Number of children born to mother, including present birth 1(14) Name before marriage Miss Austin(15) Present Postoffice of Mother Greenville(16) Color or Race Negro(17) Birthplace Baris(18) Occupation Farmer(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as Feb 21, 1923 (Hour X M 0 P M) on the date above stated.(23) (Signature) G. G. Gentry(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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Register

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

(27) File No. 1-1923 (28) T. A. Jones Local Registrar

When there was an 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 fourth month of pregnancy.

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