

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of B. P. Holdings
 or
 Inc. Town of

City of

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

(2) Full Name of Child John S. Smith

File No. — For State Registrar Only

14510

Registration District No. 2601 Registered No. 25
(For use of Local Registrar)(No. 11/123 St.; Ward)

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

(3) SEX Male (4) Type Yes (5) Number in 2 (6) Age Yes (7) DATE OF BIRTH Mch 12, 23
 or Female or Tumor To be reported only in case of Tumor or Tumor (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Smith
 (9) PRESENT POSTOFFICE OF FATHER Early Branch
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Smith
 (15) PRESENT POSTOFFICE OF MOTHER Early Branch
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION House Wife
 (20) Number of children born to mother, including present birth 1
 (21) 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 Alise at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alise Youmans (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Early Branch

Given name added from a supplemental report

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

(27) Filed 41 123 (28) W. W. Roberts 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.