

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of 2nd Spigden  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 703

File No.—For State Registrar Only

37359

Registered No. 70  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Smith (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH Nov 3 1927  
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME William Smith (9) PRESENT POSTOFFICE OF FATHER Moncks Corner (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY ..... (Years) (12) BIRTHPLACE SC (13) OCCUPATION .....  
 MOTHER: (14) NAME BEFORE MARRIAGE Flora Sumner (15) PRESENT POSTOFFICE OF MOTHER Moncks Corner (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 44 (Years) (18) BIRTHPLACE SC (19) OCCUPATION Farming (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 alive at 5.00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laraine Newland (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Moncks Corner

Given name added from a supplemental report: ..... (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 11-13 (28) B. M. Barker 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.