

(1) PLACE OF BIRTH

County of BakersTownship of Central

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8.2.2 Registered No. 2094

(For use of Local Registrar)

(2) Full Name of Child Martha Francis (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Type of Birth Twin (5) Number in order of birth 1st (6) Age of Mother 24 (7) DATE OF BIRTH July 10, 1923

FATHER.

(8) FULL NAME John Walter Smith(9) PRESENT RESIDENCE OF FATHER Central(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32(12) BIRTHPLACE Dennis Co.(13) OCCUPATION Mill(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Viola Cook(15) PRESENT RESIDENCE OF MOTHER Central S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26(18) BIRTHPLACE Langdon S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (23) (Signature) L. J. Hartman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9, 1923 (28) J. H. Pearson 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.