

## (1) PLACE OF BIRTH

County of Greenville

Township of

or  
Inc. Town ofor  
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

File No. For State Registrar Only

85830

Registration District No. 2209

Registered No. 547

(For use of Local Registrar)

(No. Sl. Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ernest Wesley Smith

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

N. C.

(13) OCCUPATION

Carpenter

(20) Number of children born to mother, including present birth

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eva F. Finner

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Greenville, C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 5-P PM, on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. Eugene Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. E. Greenville

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

191....

(28)

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.

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