

(1) PLACE OF BIRTH

County of LibertyTownship of Liberty

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. 203

File No. - For this registration
9020

Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

W. A. Smith

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant <u>—</u>	(5) Name in order of birth <u>—</u>	(6) Age of child at birth <u>—</u>	(7) DATE OF BIRTH <u>April 22, 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Alfred W. McHenry Smith</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Mae Guate</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Hopkins, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Hopkins, S.C.</u>	
(16) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>	
(18) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>S.C.</u>	
(20) OCCUPATION <u>Farming</u>			(21) OCCUPATION <u>Housewife</u>	
(22) Number of children born to mother, including present birth <u>One</u>			(23) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was White at 2 P.M. on the date above stated.

(25) (Signature)

(26) State where Physician or Midwife

(27) Signature of Physician or Midwife

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 24 is signed by mother)

(29) Date Apr 30, 1923 (30) 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.

Fifth month of pregnancy.