

## (1) PLACE OF BIRTH.

Summerville

Township of

or 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

File No.—For State Registrar Use

28803

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

Kerry Ann Smith

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

3 SEX OR GEAR

7

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married

(7) DATE

Sept 27 23

(Time of Month) (Day) (Year)

## FATHER

Washington Langford

Summerville S.C.

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY

48

(12) BIRTHPLACE

Pickens Co. S.C.

(13) OCCUPATION

Fruit work

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

18

(14) MARRIAGE

(15) PRESENT RESIDENCE

(16) COLOR OR RACE

(16) BIRTHPLACE

Va

(16) OCCUPATION

House work

(17) AGE AT LAST BIRTHDAY

36

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Male

(Born alive or stillborn)

(Hour, M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Th. M. Mott

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 28 23

(28)

A. H. Mackey

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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