

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor Inc. Town of YorkCity of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30562

Registration District No. 44-ARegistered No. 43

(For use of Local Registrar)

(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 Chris Leatha Smith

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

(3) SEX OR
REL?(4) Twin
or triplet?(5) Number in
order of birth
to be entered only in event of twin or triplet(6) Are
Parents
Married?(7) DATE OF
BIRTH Sept. 16, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJames Leatha Smith(9) PRESENT
POSTOFFICE
OF FATHERYork a(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 23

(Years)

(12) BIRTHPLACE

York a

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGELeatha Smith(15) PRESENT
POSTOFFICE
OF MOTHERYork a(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 29
(Years)

(18) BIRTHPLACE

York a

(19) OCCUPATION

Student(21) 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 born at York a MI
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 18, 1923

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.As a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.