

County of Oconee
City of Walden

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 22033

Registration District No. 3204 Registering No. 71
(For use of Local Registrar)
Sex of Female (M) (F) (If child is not yet named, make supplemental report as directed)
Date of Birth July 13 1923
Place of Birth Home of Mother
Full Name of Child Mary Ann Smith

(1) Sex of Child	(2) Type of Birth	(3) Number in order of birth	(4) Age of Mother	(5) DATE OF BIRTH	(6) PLACE OF BIRTH
<u>F</u>	<u>Normal</u>	<u>1</u>	<u>24</u>	<u>July 13 1923</u>	<u>Home of Mother</u>
FATHER			MOTHER		
Name <u>Ernie Marvin Smith</u>			Name <u>Frank Kell</u>		
Residence <u>Wachula, S.C.</u>			Residence <u>Wachula, S.C.</u>		
Color <u>White</u>			Color <u>White</u>		
Age at last birthday <u>47</u>			Age at last birthday <u>33</u>		
Birthplace <u>Oconee, S.C.</u>			Birthplace <u>Robeson Co. N.C.</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of children born to mother, including present birth <u>3</u>			Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated.

(20) (Signature) John P. Smith
(21) State whether Physician or Midwife Physician
(22) Address of Physician or Midwife Wachula, S.C.

(23) Name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mother) John P. Smith
(25) Registrar John P. Smith

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