

(1) PLACE OF BIRTH

County of Greene  
Township of Lugates  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18643

Registration District No. 3505

Registered No. 78  
(For use of Local Registrar)

City of ..... (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

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

1. SEX OF CHILD girl 2. Twin or Triplet ..... 3. Number in order of birth ..... 4. Are Parents Married yes 5. DATE OF BIRTH Mar 29 1923  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

6. FULL NAME John C. Smith

14. NAME BEFORE MARRIAGE Luise Long

7. PRESENT POSTOFFICE OF FATHER Westminster S.C.

15. PRESENT POSTOFFICE OF MOTHER Same

10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 25 (Year)

14. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 23 (Year)

12. BIRTHPLACE Greene Co.

16. BIRTHPLACE Greene Co.

13. OCCUPATION Labourer

18. OCCUPATION House wife

20. Number of children born to mother, including present birth second

21. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. J. Simpson M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

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

(27) July 9 1923 Local Registrar

When there was no attending physician or midwife, then the father, household, 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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