

(1) PLACE OF BIRTH

County of Adams
 Township of Ingles
 or
 Inc. Town of
 or
 City 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. 3505Registered No. 28
(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

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

1. SEX OF CHILD girl 2. Twin or Triplet? no 3. Number in order of birth 1 4. Are Parents Married? yes 5. DATE OF BIRTH Mar 28 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME John C. Smith7. PRESENT POSTOFFICE OF FATHER Westminster S.C.8. COLOR OR RACE white 9. AGE AT LAST BIRTHDAY 25 (Year)10. BIRTHPLACE Adams Co.11. OCCUPATION Labourer12. Number of children born to mother, including present birth second

MOTHER.

13. NAME BEFORE MARRIAGE Luise Long14. PRESENT POSTOFFICE OF MOTHER Same15. COLOR OR RACE white 16. AGE AT LAST BIRTHDAY 23 (Year)17. BIRTHPLACE Adams Co.18. OCCUPATION House wife19. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at home at 6:25 P.M. or P.M. on the date above stated. (Have alive or stillborn)

(21) (Signature) H. I. Simpson M.D.(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

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

(25) Date July 9 1923 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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