

(1) PLACE OF BIRTH

County of BerkeleyTownship of Berkeley

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 HealthFile No.—for State Registrar Only
20014Registration District No. 208 Registered No. 67
(For use of Local Registrar)(2) Full Name of Child Robert Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 17, 1923
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Julius Smith</u>		(14) NAME BEFORE MARRIAGE	<u>Charlotte Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Cross, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Cross, S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>23</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>21</u>
<u>negro</u>	<u>Years</u>		<u>negro</u>	<u>Years</u>	
(12) BIRTHPLACE	<u>Berkeley Co.</u>		(18) BIRTHPLACE	<u>Berkeley Co.</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>3</u>		(21) Number of children of this mother now living, including present birth	<u>None</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John Owens (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness Richard Owens (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 18, 1923 (28) D. W. Owens 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.