

(1) PLACE OF BIRTH

County of Anderson

Township of _____

or
Inc. Town of _____or
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 Health

File No.—For State Registrar Only

40768

Registration District No. 3ARegistered No. 529
(For use of Local Registrar)(2) Full Name of Child Amie Elizabeth Smith

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jurman Doak Smith(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE P.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Moore(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 41
(Years)(18) BIRTHPLACE P.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1000 P.M., on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) J. B. Blanton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12-30 19 22(28) H. B. Crayton
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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