

(1) PLACE Charleston
County of
Township of

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

No. 179 - For this register only
32058

Inc. Town of Charleston Registration District No. 9 Registration No. 16474
City of Charleston (For use of Local Authorities)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Baby Smith If child is not yet named, give supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Infant (7) DATE BIRTH Nov 7 - 27
Is to be entered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Edward Smith
(9) PRESENT POSTOFFICE OF FATHER Charl
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Summerville S.C.
(13) OCCUPATION Laborer

MOTHER
(14) NAME BEFORE MARRIAGE Ursula Coleman
(15) PRESENT POSTOFFICE OF MOTHER Charl
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Brauford S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated (Born alive or stillborn)

(23) (Signature) W. D. Roper
(24) State whether physician or midwife Physician (25) Address of Physician or Midwife Roper Hospital

Living name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed 11/9 1923 W. D. Roper

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.