

PLACE OF BIRTH

County of Newberry
Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

18519

City of

or

In Town of

or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 14-A

Registered No.

(For use of Local Registrar)

St.; Ward)

Full Name of Child, Doris May Smith

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

BOY OR

GIRL? 9

(4) Twin

or Triplet? 1

(5) Number in

order of birth

to be entered only in case of twins or triplets

(6) Are

Parents

Married? yes

(7) DATE

BIRTH

June 3, 1923

(Name of Month) (Day) (Year)

FATHER

MOTHER

(14) NAME BEFORE MARRIAGE Antoin Forrest Smith(14) NAME BEFORE MARRIAGE Joan Milstead(15) PRESENT POST-OFFICE OF FATHER Newberry S.C.(15) PRESENT POST-OFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE wh(16) COLOR OR RACE wh(17) AGE AT LAST BIRTHDAY 30 (Years)(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(19) OCCUPATION Cotton Mill op.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. M. K. H. H. H.(24) State whether Physician or Midwife (25) Address Physician at Newberry S.C.

Same added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1923 (28) S. L. Cunningham Local Registrar

If the attending physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.