

## (1) PLACE OF BIRTH

County of Spencer  
 Township of Sumter  
 or  
 Loc. 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

42500

Registration District No. 2017Registered No. 14  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child John F. Smiley {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 28 '22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W.M. Smiley  
 (9) PRESENT POSTOFFICE OF FATHER Lake City SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Year) (12) BIRTHPLACE SC.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Chara V. Cook  
 (15) PRESENT POSTOFFICE OF MOTHER Lake City SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (Year) (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 8  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11<sup>10</sup> a  
 on the date above stated. (Hour A. M. or P. M.)  
 (Born alive or stillborn)

(23) (Signature) Dr. Foster(24) State whether Physician or Midwife(25) Address of Physician or Midwife Lake City, SC.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/28 '22 (28) R. E. Carter  
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.