

(1) PLACE OF BIRTH

County of Georgetown
 Township of #1
 or
 Inc. Town of Andrews SC
 or
 City of Georgetown
 (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

40405

Registration District No. 2103 Registered No. 153
 (For use of Local Registrar)

(2) Full Name of Child Bettie Ruth Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Female</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Reed Whitford Smith

(9) PRESENT POSTOFFICE OF FATHER Andrews SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Georgetown Conf SC

(13) OCCUPATION Stationary Engineer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Henry Boyan

(15) PRESENT POSTOFFICE OF MOTHER Andrews SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Florence County SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. W. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 10, 1924 (28) R. W. Bailey Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.