

(1) PLACE OF BIRTH

County of Anderson
 Township of Honesdale
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Register
19839

Registration District No. Registered No. 104
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(1) SEX Girl	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(6) Sex of Mother yes	(7) DATE OF BIRTH July 8, 1923 (Month of Birth) (Day) (Year)
(8) FULL NAME George Thompson Philip Ashby		(10) NAME BEFORE MARRIAGE Bertie D. Smith		
(9) PRESENT POSTOFFICE OF FATHER Honesdale		(11) PRESENT POSTOFFICE OF MOTHER Honesdale		
(12) COLOR OR RACE white	(13) AGE AT LAST BIRTHDAY 39 (Year)	(14) COLOR OR RACE white	(15) AGE AT LAST BIRTHDAY 37 (Year)	
(16) BIRTHPLACE Anderson Co		(17) BIRTHPLACE Anderson Co		
(18) OCCUPATION Farming		(19) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth 11		(21) Number of children of this mother now living, including present birth 10		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 1:00 ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Honesdale

Given name added from a supplement-
 al report

(26) Witness

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

(27) Date

July 30, 1923

(28)

James W. Williams
 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.

month of pregnancy.

K O D A K S A F E