

## PLACE OF BIRTH

County of Pickens  
 Township of Wesley  
 In Town of \_\_\_\_\_  
 City of \_\_\_\_\_

# CERTIFICATE OF BIRTH

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3702

FILE No.—For State Registrar Only

2050-ARegistered No. 18

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

## 2. Full Name of Child

William Howard Smith

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

1. SEX OF CHILD

2. Time of Birth

3. Number in order of birth

4. Are Parents Married?

5. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

6. FULL NAME

James Franklin Smith

7. NAME BEFORE MARRIAGE

Bernice Black

8. PRESENT POSTOFFICE OF FATHER

Wesley, S.C. #1

9. PRESENT POSTOFFICE OF MOTHER

Wesley, S.C. #1

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

26

(Years)

12. COLOR OR RACE

white

13. AGE AT LAST BIRTHDAY

23

(Years)

14. BIRTHPLACE

S.C.

15. BIRTHPLACE

S.C.

16. OCCUPATION

Farmer

17. OCCUPATION

Housewife

18. Number of children born to mother, including present birth

3

19. 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 \_\_\_\_\_ on the date above stated.

(Born alive or stillborn)

(Hours A.M. or P.M.)

20. Signature

Mrs. Bernice Black

21. State whether Physician or Midwife

22. Address of Physician or Midwife

M. W.Wesley, S.C. #1

23. Witness

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

24. Filed

Mar. 22, 1928

25.

E. H. Hyatt

Local Registrar

19 \_\_\_\_\_

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.

Registrar Only

..... Registrar)

..... Ward)

nber.)

named, make

rt as directed

10. 23

(Day) (Year)

cur

4. 9. 5.

ST 14

(Year)

12. M.,

or P. M.)

Sign or Midwife

S.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....