

(1) PLACE OF BIRTH

County of AndersonTownship of Ball

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution give name of name 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
28791Registration District No. 306 Registered No. 90

(For use of Local Registrar)

(2) Full Name of Child Lussie Smith If child is not yet named, make supplemental report as directed(3) SEX OR
GIRL?(4) Twin
or Triplet?

To be answered only in case of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME Garle Smith(14) NAME BEFORE
MARRIAGE Alma Clark(9) PRESENT
POSTOFFICE
OF FATHER Anderson S.C.(15) PRESENT
POSTOFFICE
OF MOTHER Anderson S.C.(10) COLOR
OR
RACE color (11) AGE AT LAST
BIRTHDAY 23
(Years)(16) COLOR
OR
RACE color (17) AGE AT LAST
BIRTHDAY 19
(Years)(12) BIRTHPLACE
Anderson S.C.(18) BIRTHPLACE
Anderson S.C.(13) OCCUPATION
farmer(19) OCCUPATION
house wife(20) Number of children born to
mother, including present birth 2(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma G.A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Johna Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 12 22 (28) S. M. McAdams
Local RegistrarWhen 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.