

1) PLACE OF BIRTH

County of Allendale
 Township of Allendale

City of

City of

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

Registration District No. 4400

118

Registered No. 6
 (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 Charlie Smart If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Triplet To be reported only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age 1 year (7) DATE OF BIRTH Jan 4, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charlie Smart
 (9) PRESENT RESIDENCE OF FATHER Allendale SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer Tobacco
 (14) Number of children born to mother, including present birth 6

MOTHER.
 (15) NAME OF MOTHER Edilla Nix
 (16) PRESENT RESIDENCE OF MOTHER Allendale SC
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 32
 (Year)
 (19) BIRTHPLACE SC
 (20) OCCUPATION Farmer Tobacco
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rochel & Co
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife U.S. 26

Given name added from a supplemental report
 (26) Witness J.H. Boyd MD
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan 8, 1923 (28) J.H. Boyd MD 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.

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