

(1) PLACE OF BIRTH

County of AndersonTownship of Pennington

Inc. Town of

City of

(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

No. 2838

Registration District No. 310Registered No. 9
(For use of Local Registrar)(2) Full Name of Child Smith, Willie

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

(3) SEX OF CHILD <u>girl</u>	(4) Type or Figure <u>To be determined by sex of Testes or Ovaries</u>	(5) Number in order of birth	(6) Age of Mother <u>29</u>	(7) DATE OF BIRTH <u>February 29, 1923</u>
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FATHER		MOTHER	
(8) FULL NAME <u>James Shear</u>	(10) NAME BEFORE MARRIAGE <u>Miss Jones</u>	(9) PRESENT RESIDENCE OF FATHER <u>Pennington SC</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Pennington SC</u>
(12) COLOR OR RACE <u>color</u>	(13) AGE AT LAST BIRTHDAY <u>34</u>	(14) COLOR OR RACE <u>color</u>	(15) AGE AT LAST BIRTHDAY <u>29</u>
(16) BIRTHPLACE <u>Pennington</u>	(17) OCCUPATION	(18) BIRTHPLACE <u>Pennington</u>	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Shear (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Martha Shear (Signature of Witness necessary only when question 22 is signed by clerk)Date Mar 12, 1923 (27) (Signature of Registrar)