

(1) PLACE OF BIRTH

County of Richland

Township of

or

City of Columbia

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

37311

Registration District No. 38^aRegistered No. 946

(For use of Local Registrar)

St. Baptist Hospital (Ward)Full Name of Child William Theodore Smith Jr. (If child is not yet named, make supplemental report as directed)BOY OR GIRL? B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Theodore Smith(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Stanley Co. N.C.(13) OCCUPATION Student(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lula Elaine Harris(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Leicester Co. S.C.(19) OCCUPATION H.M.(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Columbia

Given name added for supplement

(25) Witness

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

(26) Filed 12/17/23

(27) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes at birth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.