

(1) PLACE OF BIRTH

County of Myron
 Township of Ridgely
 or
 Inc. Town of Rockport
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

37911

Registration District No. 4205 Registered No. 74 ...
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 14 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Smith</u>	(14) NAME BEFORE MARRIAGE <u>Rene Annally</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Rockport Ab</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Rockport Ab</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Rockport Ab</u>	(12) BIRTHPLACE <u>Rockport Ab</u>	(14) OCCUPATION <u>laborer for business</u>	(14) OCCUPATION <u>Domestic</u>
(16) Number of children born to mother, including present birth <u>13</u>	(16) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(24) (Signature) Robert B. Bland (25) Address of Physician or Midwife Rockport Ab

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 7 1923 (28) H. G. Sullivan 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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