

## (1) PLACE OF BIRTH

County of CharlestonTownship of MarionInc. Town of Yaffee S.C.City of Yaffee S.C.

(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

631

Registration District No. 1A.A. Registered No. 22

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX Male (4) Type or Type Yes (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Jan 15 1923

## FATHER.

(8) FULL NAME Ransom Jay Smith(9) PRESENT POSTOFFICE OF FATHER Yaffee S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Cotton picker(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Estelle Chiles(15) PRESENT POSTOFFICE OF MOTHER Yaffee S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18(18) BIRTHPLACE Wilmington, S.C.(19) OCCUPATION Home work(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 11:10 M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) W. J. Smith(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Yaffee S.C.

Given name added from a supplemental report

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

(26) Filed Feb 10 1923 (27) Local Registrar W. J. Smith

\*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.

REGISTRAR