

(1) PLACE OF BIRTH

County Anderson
 Township of Brookley
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Use
225

Registration District No. 301Registered No. 1
(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 John Smith

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

(3) SEX Male (4) Twin or Triplet (5) Number in order of birth (6) Age 2 (7) DATE OF BIRTH Feb 16 1923
 To be answered only in event of Twin or Triplet (Year) (Month) (Day)

FATHER

(8) FULL NAME James Smith
 (9) PRESENT POST OFFICE OF FATHER Anderson R 4
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE W. Va (Year)
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mrs. James Smith
 (15) PRESENT POST OFFICE OF MOTHER Anderson R 4
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE W. Va (Year)
 (19) OCCUPATION Homemaker

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

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

(27) Signed Feb 10 1923 W. H. Campbell

19 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.