

(1) PLACE OF BIRTH

County of Darlington
 Township of Bluff
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar's Use
13695

Registration District No. 1409 Registered No. 12
 (For use of Local Registrar)

City of (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 Harley Gray J. Smith If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Figure 7 1/2 (5) Number in order of birth 1 (6) Age of Mother 24 (7) DATE OF BIRTH Feb. 5, 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Edward R. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Edw. R. Smith</u>	(10) PRESENT RESIDENCE OF FATHER <u>Jamesville N.C.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Jamesville N.C.</u>
(12) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(18) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(13) BIRTHPLACE <u>Darlington</u>	(15) BIRTHPLACE <u>Darlington</u>	(19) OCCUPATION <u>Farmer</u>	(21) OCCUPATION <u>Farmer</u>
(22) Number of children born to father, including present birth <u>3</u>	(23) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (If alive at birth, write "A. M." or "P. M.")

(25) (Signature) Dr. J. H. Smith

(26) State whether Physician or Midwife Physician

Give name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 24 is signed by mother)

(28) Filed Jan. 14, 1923 (29) Reg. in

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