

Form No. 3

## 1. PLACE OF BIRTH

County of *Jasper*Township of *Pocotaligo*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

44801

Registration District No. *260* Registered No.

(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

*Robby Lee Smith*

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

3. BOY OR GIRL

*Boy*

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? *yes*

## 7. DATE OF BIRTH

*October 7, 1923*  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

*Oliver Lee Smith*

9. PRESENT POSTOFFICE OF FATHER

*Early Branch, S.C.*

10. COLOR OR RACE

*White*

11. AGE AT LAST BIRTHDAY

*47*

(Years)

12. BIRTHPLACE

13. OCCUPATION

*Farming*

20. Number of children born to mother, including present birth

*7*

## MOTHER

14. NAME BEFORE MARRIAGE

*Mary Lee Smith*

15. PRESENT POSTOFFICE OF MOTHER

*Early Branch, S.C.*

16. COLOR OR RACE

*White*

17. AGE AT LAST BIRTHDAY

*32*

(Years)

18. BIRTHPLACE

*Hampton County*

19. OCCUPATION

*Housewife*

21. Number of children of this mother now living, including present birth

*6*

## CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was *born* at *6 P.M.*  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.

23. Signature

*Dellie Taylor*

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

*M. F. Taylor*

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

19. Registrar

27. Filed

19.

28.

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.MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N.B.—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
LAST NAMES PRINTED IN