

(1) PLACE OF BIRTH

County of

Township of

or Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19247

Registration District No. 4008

Registered No. 162
(For use of Local Registrar)

(No. of Birth) Rt 3 (Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3 SEX OR GENDER

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

FATHER

8 FULL NAME

Clyde P Smith

9 PRESENT POSTOFFICE OF FATHER

Rt. 3

10 COLOR OR RACE

Wh

(11) AGE AT LAST BIRTHDAY

23

(Year)

12 BIRTHPLACE

Clark NC

13 OCCUPATION

Clark

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 9, 23

(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE

Lena B Mitchell

(15) PRESENT POSTOFFICE OF MOTHER

Rt 3

(16) COLOR OR RACE

Wh

(17) AGE AT LAST BIRTHDAY

20

(Year)

(18) BIRTHPLACE

Glenwood

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed June 18, 1923 (28) M. E. F. Parker 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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