

(1) PLACE OF BIRTH

County of *Lenoir*

Township of *Clinton*

Inc. Town of *Duffinville*

City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**17773**

Station District No. *2200*

Registered No. *74*  
(For use of Local Registrar)

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

(2) Full Name of Child *W. Victor Smith Jr.* If child is not yet named, make supplemental report as directed

3)  BOY OR GIRL?  Twin or Triplet? (To be answered only in event of Twin or Triplet) 4) Number in order of birth  Are Parents Married?  5) DATE OF BIRTH *June 30 23*  
(Month) (Day) (Year)

FATHER.  
6) FULL NAME *W. Victor Smith*  
7) PRESENT POSTOFFICE OF FATHER *Duffinville*  
8) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *37*  
(Year)  
9) BIRTHPLACE *SC*  
10) OCCUPATION *Farming*  
11) Number of children born to mother, including present birth *5*

MOTHER.  
12) NAME BEFORE MARRIAGE *Virginia Dunge*  
13) PRESENT POSTOFFICE OF MOTHER *Duffinville*  
14) COLOR OR RACE *W* (15) AGE AT LAST BIRTHDAY *33*  
(Year)  
16) BIRTHPLACE *SC*  
17) OCCUPATION *Housewife*  
18) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2 a.m.* on the date above stated. (Born live or stillborn) (Hour) (Day) (Month) (Year)

(23) (Signature) *M. O. Smith*  
(24) State whether Physician or Midwife *Physician* (Physician or Midwife)  
*Duffinville*

Given name added from a supplemental report  
.....  
.....  
.....  
19  
Registrar

(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed *July 10 1923* (27) *L. S. Richardson*  
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 5th month of pregnancy.

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