

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Clinton*

or

Inc. Town of *Unionville*

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

17773

Registered No. *74*
(For use of Local Registrar)Registration District No. *2200*

(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? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 30 1923*
(Month) (Day) (Year)FATHER. (8) FULL NAME *W. Victor Smith* (9) PRESENT POSTOFFICE OF FATHER *Unionville*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *37* (12) BIRTHPLACE *SC*(13) OCCUPATION *Farming* (14) NAME BEFORE MARRIAGE *Nepia Dings* (15) PRESENT POSTOFFICE OF MOTHER *Unionville*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *33* (18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife* (20) Number of children born to mother, including present birth *5* (21) 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* (25) (Signature of Parent) *Unionville*

Given name added from a supplemental report

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

(27) Filed *July 10 1923* (28) *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 fifth month of pregnancy.

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