

(1) PLACE OF BIRTH

County of Lancaster

Township of

or
Inc. Town of Lancaster

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7508

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

City of (No. St.; Ward)

(2) Full Name of Child. Hensetta Smith } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 18 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Smith(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 2 (Years)(12) BIRTHPLACE Lancaster(13) OCCUPATION white operator(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Johnson(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lancaster(19) OCCUPATION white operator(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Lancaster on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

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

(27) Filed March 22 191.... (28) J. W. Smith Local Registrar

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.