

(4) PLACE OF BIRTH

County of Ashe  
Township of Rocky Spring  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

No. 2889

Registration District No. 216 Registered No. 8  
(For use of Local Registrar)

City of ..... (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 Melvin Smith (If child is not yet named, make supplemental report as directed)

|   |   |   |   |   |
|---|---|---|---|---|
| (3) BOY OR GIRL<br><u>boy</u>   | (4) Type of Twin<br><u>It is assumed to be one of Twin or Triplet</u> | (5) Number in order of birth  | (6) Sex<br><u>Male</u>                            | (7) DATE OF BIRTH<br><u>Feb. 19<sup>th</sup> 1923</u> |
| FATHER  |   | MOTHER  |   |   |
| (8) FULL NAME<br><u>Owen Smith</u>  |   | (14) NAME BEFORE MARRIAGE<br><u>Gay Hendrix</u>   |   |   |
| (9) PRESENT RESIDENCE OF FATHER<br><u>Mount Morris S.C.</u>                   |   | (15) PRESENT RESIDENCE OF MOTHER<br><u>Mount Morris S.C.</u>                            |   |   |
| (10) COLOR OF HAIR<br><u>White</u>  | (11) AGE AT LAST BIRTHDAY<br><u>45</u><br>(Years)                     | (16) COLOR OF HAIR<br><u>White</u>  | (17) AGE AT LAST BIRTHDAY<br><u>15</u><br>(Years) |   |
| (12) BIRTHPLACE<br><u>S.C.</u>  |   | (18) BIRTHPLACE<br><u>S.C.</u>  |   |   |
| (13) OCCUPATION<br><u>Farmer</u>  |   | (19) OCCUPATION<br><u>Housewife</u>   |   |   |
| (20) Number of children born to mother, including present birth<br><u>Two</u> |   | (21) Number of children of the mother now living, including present birth<br><u>One</u> |   |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Mount Morris S.C. on the date above stated. (Mark born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. D. Dyer, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Regent S.C.

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

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
Feb 28 1923  
(27) Date Feb 28 1923 (28) J. M. Paul 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.

Registrar J. M. Paul Local Registrar.  
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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
Bureau of Census, Columbia, S. C.