

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

File No.—For State Registrar Only
42819

(1) PLACE OF BIRTH
 County of Greenville
 Township of Cavanah
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2303 Registered No. 14
 For use of Local Registrar)

(2) Full Name of Child _____ If child is not yet named, make supplemental report as directed

| | | | | |
|-------------------------------|--|---|-------------------------------------|--|
| 3) BOY OR GIRL <u>Girl</u> | 4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets | 5) Number in order of birth <u>1</u> | 6) Are Parents Married? <u>1</u> | 7) DATE OF BIRTH <u>Dec 13 1922</u> (Name of Month) (Day) (Year) |
|-------------------------------|--|---|-------------------------------------|--|

| FATHER. | | MOTHER. | |
|--|---|--|--|
| 8) FULL NAME <u>James Smith</u> | 14) NAME BEFORE MARRIAGE <u>Lena Drayton</u> | 9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C. R.R.</u> | 15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u> |
| 10) COLOR OR RACE <u>Cauc</u> | 11) AGE AT LAST BIRTHDAY <u>27</u> (Years) | 16) COLOR OR RACE <u>Cauc</u> | 17) AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| 12) BIRTHPLACE <u>Greenville S.C.</u> | 18) BIRTHPLACE <u>Greenville S.C.</u> | 13) OCCUPATION <u>Farming</u> | 19) OCCUPATION <u>Teacher</u> |
| 20) Number of children born to mother, including present birth <u>1</u> | 21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. M. Smith
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report _____

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

(27) Filed Jan 10 1923 (28) J. M. Smith 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.

Local Registrar. _____
 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.