

## (1) PLACE OF BIRTH

County of Aiken  
 Township of S. A. 1. 9. 4. 7.

## CERTIFICATE OF BIRTH

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

File No.—for State Register Only

2893

Ina. Town of  
 or  
 City of Bath, S.C.

Registration District No. 2179 Registered No. 15-  
 (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 Evelena Smith

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH Jan 23 23  
 (Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME A. M. Smith(9) PRESENT POSTOFFICE OF FATHER Bath S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46  
 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Colton mill(14) Number of children born to mother, including present birth 1.....8.....

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Beard(15) PRESENT POSTOFFICE OF MOTHER Bath S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40  
 (Years)(18) BIRTHPLACE Aiken Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1.....2.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Graniteville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 14 1923 (28) E. W. Spradley  
 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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