

(1) PLACE OF BIRTH

County of oconee
 Township of Westminster
 or
 Inc. Town of Waynes
 or

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43915

Registration District No. 3505Registered No. 179
(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 Edd. Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 23 1922
 (Name of Month) (Day) (Year)

FATHER.
 (5) FULL NAME Richard Smith
 (9) PRESENT POSTOFFICE OF FATHER R.F.D. #1 Westminster
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE Waynes
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Lula Land
 (15) PRESENT POSTOFFICE OF MOTHER R.F.D. #1 Westminster
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE oconee
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. Agnes Baber
 (24) (Signature) Westminster (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

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

(27) Filed 12/30 1922 (28) DeBue 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.