

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Horse Path

or
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 Register Only

31622

Registration District No. 307... Registered No. 139...

(For use of Local Health Officer)

(No.) (Sex) (Want)

2) Full Name of Child Erineline Smith | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? Not (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME L. A. Smith

(9) PRESENT POSTOFFICE OF FATHER Horse Path S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION mill work

(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Lucia Allen

(15) PRESENT POSTOFFICE OF MOTHER Horse Path S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 11 A. M.
on the date above stated.

(23) (Signature) E. R. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Horse Path S.C.

Given name added from a supplemental report
....., 192....
.....
Registrar

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

(27) Filed Nov. 12, 1923 (28) James L. Williams
Local Registrar

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