

## 1. PLACE OF BIRTH

Country of Hampton  
 Township of Lawton  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2432

FILE No.—For State Registrar Only

27793-ARegistered No. 88  
(For use of Local Registrar)

2. FULL NAME OF CHILD Curnest D. Smith  
 (If birth occurs in hospital or other institution, give full name of street and number)  
 (If child is not yet named, make supplemental report as directed)

Sex of Child Boy Plural 1 4. Twin, triplet, or other 1 5. Premature no 7. Legitimate yes 8. Date of birth Apr. 12, 1935  
 6. Number, in order of birth 1 Full term yes (Month, day, year)

9. Full name of FATHER Elmer Smith 10. Full name of MOTHER Mariah S. Smith

11. Residence (usual place of abode) Hampton, S.C. 12. Residence (usual place of abode) Hampton, S.C.

13. Color or race White 14. Age at last birthday 97 (Years) 15. Color or race White 16. Age at last birthday 27 (Years)

17. Birthplace (city or place) H. Co S.C. 18. Birthplace (city or place) H. Co S.C.  
 (State or country)

19. Trade, profession, or particular kind of work done, as spinner, typist, nurse, clerk, etc. Farming 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work

21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House work

22. Date (month and year) last engaged in this work 1935 23. Total time (years) spent in this work 19 24. Total time (years) spent in this work 19

25. Name of mother of this mother Mariah S. Smith (a) Born alive and now living 4 (b) Born alive but now dead no (c) Stillborn no

26. Cause of stillbirth Stillborn 27. Cause of stillbirth Stillborn

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Hampton, S.C. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

My name signed from Hampton, S.C. (Date of) Apr. 17, 1935

8/17 Address Hampton, S.C. 19 35 FW Rogers

Registrar