

(1) Name of County of Charleston

Township of Charleston

or Town of Charleston

City of Charleston

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

File No. — For State Registrar Day  
**700**

Registration District No. 12A

Registered No. J-  
(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 William Virginia Smith

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH June 15 (8) (Month) (Day) (Year)

**FATHER**

(9) FULL NAME William Smith

(10) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 28 (Years)

(13) BIRTHPLACE Charleston S.C.

(14) OCCUPATION Fireman

(15) Number of children born to mother, including present birth Three

**MOTHER**

(16) NAME BEFORE MARRIAGE Eliza Bell Briggs

(17) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 24 (Years)

(20) BIRTHPLACE Charleston S.C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11:30

(24) (Signature) Dr. J. H. Smith

(25) State whether Physician or Midwife (26) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness (Secretary only when question 23 is signed by parent)) Eliza Bell Briggs

(28) Date Jan 20 1913 (29) Martin A. Smith Local Registrar

When there was no attending physician or midwife, when 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.