

1-1-15 case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Springfield
 Township of Windsor
 or
 Inc. Town of
 or
 City of

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

File No.—for State Registrar only
36784

Registration District No. 3104 Registered No. 77
 (For use of Local Registrar)

(2) Full Name of Child Lucy I. Smith

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be covered only in case of Twin or Triplet	5) Number in order of birth	6) Age Parents Married <u>2</u>	7) DATE OF BIRTH <u>July 27 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Luther Smith</u>			14) NAME BEFORE MARRIAGE <u>Dorothy River Irresdale, Pa.</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Bellevue S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Bellevue S.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>Bellevue S.C.</u>			18) BIRTHPLACE <u>Bellevue S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>housewife</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. M. Mitchell
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Bellevue S.C.

Given name added from a supplemental report

 _____, 19____
 Registrar

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

(27) Filed Dec 7 1923 (28) A. B. Prather 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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