

## (1) PLACE OF BIRTH

County of ConroeTownship of Sanecaor  
Inc. Town of .....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 Registrar Only

15287

Registration District No. 3504 Registered No. 54

(For use of Local Registrar)

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

3 SEX OF CHILD <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twin or Triplet	5 Number in order of birth <u>2</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Feb. 28, 1920</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8 FULL NAME <u>Joel B Smith</u>	10 NAME BEFORE MARRIAGE <u>Mary Lucy Hatfield</u>	9 PRESENT POSTOFFICE OF FATHER <u>Hestminster, P. C.</u>	11 PRESENT POSTOFFICE OF MOTHER <u>Hestminster, P. C.</u>
12 COLOR OR RACE <u>White</u>	13 AGE AT LAST BIRTHDAY <u>22</u> (Years)	14 COLOR OR RACE <u>White</u>	15 AGE AT LAST BIRTHDAY <u>20</u> (Years)
16 BIRTHPLACE <u>S. C.</u>	17 OCCUPATION <u>Farmer</u>	18 BIRTHPLACE <u>Ga</u>	19 OCCUPATION <u>Housewife</u>
20 Number of children born to mother, including present birth <u>2</u>	21 Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:20 A. M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Strickland M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hestminster

Given name added from a supplemental report

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

(27) Filed 5/1/20 (28) Local Registrar

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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