

## (1) PLACE OF BIRTH

County of *Aiken*Township of *Langley*

Inc. Town of

City of *Langley*

(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

84437

Registration District No. *2-1-7-A* Registered No. *15-7*  
(For use of Local Registrar)(2) Full Name of Child *John Thomas Smith Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>11, 27, 25</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>John Thomas Smith</i>			(14) NAME BEFORE MARRIAGE <i>John Lee Gray</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Langley, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Langley, S.C.</i>	
(10) COLOR OR RACE <i>white</i>			(16) AGE AT LAST BIRTHDAY <i>29</i> (Years)	
(11) BIRTHPLACE <i>S.C.</i>			(17) AGE AT LAST BIRTHDAY <i>35</i> (Years)	
(12) OCCUPATION <i>rickmower</i>			(18) BIRTHPLACE <i>Alabama</i>	
(13) OCCUPATION <i>rickmower</i>			(19) OCCUPATION <i>housewife</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *white*, at *8:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Brown*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician* *Langley, S.C.*

(Given name added from a supplemental report)

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

(27) Filed *Dec 1, 1923* (28) *J. W. Spradley* 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.

FIRST-BOOK, No. 1, THE OFFICE, No. 2, etc., in question 1.

City of Columbia