

No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Puffinor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 20586Registration District No. Registered No.
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Anderson M. Smyly If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH June 12, 1923
(House of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Smyly
(9) PRESENT POSTOFFICE OF FATHER Puffin
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Year)
(12) BIRTHPLACE Puffin
(13) OCCUPATION Carpenter
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Boatright
(15) PRESENT POSTOFFICE OF MOTHER Puffin S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)
(18) BIRTHPLACE Puffin
(19) OCCUPATION Puffin
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at Puffin M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Amelia Brown
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed (27) 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 should be reported as stillborn. No report is desired of stillbirths occurring in the fifth month of pregnancy.