

(1) PLACE OF BIRTH

County of Georgetown  
 Township of .....  
 or  
 Inc. Town of SUMMERVILLE, S. C.  
 or  
 City of .....

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

File No.—For State Registrar Only  
**42137**

Registration District No. 17A Registered No. 90  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward.

(2) Full Name of Child Caroline 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) Are Parents Married? Yes (7) DATE OF BIRTH July 15, 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Gadsden Smith  
 (9) PRESENT POSTOFFICE OF FATHER Summersville S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE Summersville S. C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE LEBBY Catherine Lebbey  
 (15) PRESENT POSTOFFICE OF MOTHER Summersville S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Summersville S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. Julian Carver  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summersville S. C.

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed to mark)

(27) Registrar [Signature] (28) Local Registrar [Signature]

\*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.

Registrar [Signature] Local Registrar [Signature]  
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