

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20245

Registration District No. 4008 Registered No. 171
 (For use of Local Registrar)

(No. R1 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 Lowell Smith If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Howard Smith
 9. PRESENT POSTOFFICE OF FATHER Spartanburg R1 SC
 10. COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 43
 (Years)
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Williams
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg R1 SC
 (16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 39
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Whitney SC

Given name added from a supplemental report

Miss P. Lesonsie
11/13/46 19 46
 Registrar

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

(27) Filed 7-1-22 (28) R. J. Parker 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.

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.