

(1) PLACE OF BIRTH

County of Greenwood

Township of

Inc. Town of

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

No. for State Register
4132Registration District No. 23.06Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Thos. Edgar Smith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15 1923</u> (Month of birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>J. L. Smith</u>	(9) NAME BEFORE MARRIAGE <u>Alma Helman</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Greenwood SC</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Greenwood SC</u>		
(11) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)		
(12) BIRTHPLACE <u>Saluda Co. SC</u>	(12) BIRTHPLACE <u>Spartanburg Co. SC</u>		
(13) OCCUPATION <u>Cotton & rice planter</u>	(13) OCCUPATION <u>domestic</u>		
(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) <u>J. M. Dymally</u>	(22) Address of Physician or Midwife <u>Greenwood SC</u>
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Given name added from a supplemental report	(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19	(24) Local Registrar <u>L. P. Brooks</u>

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child is born even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHEN PLACED IN THE SPACE PROVIDED HEREON, THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC. IN QUESTION 1.