

## (1) PLACE OF BIRTH

County of B. E. L. A.Township of H. E. L. A.or  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3840

Registration District No. 1623 Registered No. 18

(For use of Local Registrar)

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

(2) Full Name of Child Carl Leroy Smith

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Feb 15, 1923</u> (Month of Birth) (Day) (Year)
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## FATHER.

(8) FULL NAME Andrew Hamilton(9) PRESENT POSTOFFICE OF FATHER Fort S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Smith(15) PRESENT POSTOFFICE OF MOTHER Fort S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Year) 19(18) BIRTHPLACE S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) W. N. Scales (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort S.C.

Given name added from a supplemental report

(26) Witness W. N. Scales (Signature of Witness necessary only when question 22 is signed by mark)(27) Date Feb. 16, 1923 (28) W. N. Scales 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.

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