

(1) PLACE OF BIRTH

County of Pickens
 Township of Liberty
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2273

Registration District No. 3705

Registered No. 1
(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 Missie Louise Smith If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31 19 22
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Enos McKenrith Smith
 9. PRESENT POSTOFFICE OF FATHER Liberty, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)
 12. BIRTHPLACE Pickens Co. S.C.
 (13) OCCUPATION Farming
 20. Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE Oconee Co, S.C.
 (19) OCCUPATION Domestic
 (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 Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William A. Sheldon M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report

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

(27) Filed Feb 9 19 24 (28) John T. Boyce 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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