

(1) PLACE OF BIRTH

County of AndersonTownship of Centervilleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

37140

Registration District No. 3 Registered No. 74
(For use of Local Registrar)(No. 1160 Tribble 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 Lee Roy Smith If child is not yet named, make supplemental report as directed3. BOY OR GIRL 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH Nov 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Smith(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Franklin Co Ga(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Lang(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 43
(Year)(18) BIRTHPLACE Germany(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:25 M.,
on the date above stated. (Born alive or stillborn) (Hospital or P. M.)(23) (Signature) V. L. Mathers (M.D.)(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed Nov 24 1922 (28) F. B. CRAYTON, 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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