

## (1) PLACE OF BIRTH

County of SpartanburgTownship of 1stEas. Town of 1stCity of Chtho

(If birth occurs in a hospital or other institution, the name of same instead of above number.)

(2) Full Name of Child Frank William Smith(3) SEX OF CHILD Boy (4) Type of Child To be entered only in case of Twin or Triplet (5) Number in order of birth 1 (6) Date of Birth Feb. 13, 1923(7) NAME OF FATHER Frank Smith (8) NAME OF MOTHER Alice G. G. G.(9) PRESENT RESIDENCE OF FATHER City (10) PRESENT RESIDENCE OF MOTHER Spartanburg(11) COLOR OR RACE Colored (12) AGE AT LAST BIRTHDAY 30 (13) COLOR OR RACE C (14) AGE AT LAST BIRTHDAY 23(15) BIRTHPLACE Spartanburg (16) BIRTHPLACE S.C.(17) OCCUPATION Coworker (18) OCCUPATION Housewife(19) Number of children born to mother, including present birth 3 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(22) (Signature) Sarah Smith (23) Address of Physician or Midwife 1st St.(24) State whether Physician or Midwife allied

Given name and address of a supplementing report

(25) Witness Marie W. Ward(26) Filed 3-1-24(27) Registrar Thos. P. Lesane

(28) When there was no attending physician or midwife, then the father, householder or other person present at the birth, must not be reported as stillborn, if a child breathes even once, before the fifth month of age.