

(1) PLACE OF BIRTH

County of Anderson  
 Township of Prosser  
 or  
 In Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 301

File No. — For State Registrar Only

35500

Registered No. 49  
 (For use of Local Registrar)

St. .... Ward

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

(2) Full Name of Child

(3) SEX Male (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 1923  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William H. Smith  
 (9) PRESENT POSTOFFICE OF FATHER ...  
 (10) COLOR OR RACE ... (11) AGE AT LAST BIRTHDAY ... (Years)  
 (12) BIRTHPLACE ...  
 (13) OCCUPATION ...

(14) NAME BEFORE MARRIAGE ...  
 (15) PRESENT POSTOFFICE OF MOTHER ...  
 (16) COLOR OR RACE ... (17) AGE AT LAST BIRTHDAY ... (Years)  
 (18) BIRTHPLACE ...  
 (19) OCCUPATION ...  
 (20) Number of children of this mother now living, including present birth ...

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(22) (Signature) ... (23) Address of Physician or Midwife ...  
 (24) State whether Physician or Midwife ...

Give name added from a supplemental report

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

(26) Filed Jan 10 1924 (27) Local Registrar

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