

(1) PLACE OF BIRTH

County of LexingtonTownship of Shoale Creekor
Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar Only

25326

Registration District No. 2100 Registered No. 23

(For use of Local Registrar)

(No. 11/23/23 St. 11/23/23 Ward)

(2) Full Name of Child

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

(2) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Age Person Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Carl Smith</u>			(14) NAME BEFORE MARRIAGE <u>Pearl Taylor</u>	
(9) PRESENT OCCUPATION OF FATHER <u>Silbert S.C.</u>			(15) PRESENT OCCUPATION OF MOTHER <u>Silbert S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>Lexington Co.</u>			(18) BIRTHPLACE <u>Lexington S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11/23/23 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Aug 10 19 23 S.C. Hantt 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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