

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of .....  
 or  
 Inc. Town of Woodruff  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2455

Registration District No. 40BRegistered No. 42  
(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 Boyd Arthur Smith

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

(1) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-30-22  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME LA Smith  
 (9) PRESENT POSTOFFICE OF FATHER Woodruff SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Laurens Co  
 (13) OCCUPATION Mill worker  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Odessa Griffin  
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Greenville Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Boyd Arthur Smith at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Woodruff  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff SC

Given name added from a supplemental report

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

(27) Filed Feb 11, 22 (28) Chas L Boyter 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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MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OFFICE, No. 2, etc., in question 8.

MADE IN U.S.A. BY THE GOVERNMENT OF THE UNITED STATES OF AMERICA