

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Millon
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

33487

Registration District No. 3617 Registered No. 64
 (For use of Local Registrar)

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

(2) Full Name of Child Myrtice B. Smith If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH July 4 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Isom Anthony
 (9) PRESENT POSTOFFICE OF FATHER Norway S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 18 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Labour

MOTHER.
 (14) NAME BEFORE MARRIAGE Marian Ryley
 (15) PRESENT POSTOFFICE OF MOTHER Norway S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C. D. Able (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 Oct 14 1923 (28) C. D. Able 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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