

(1) PLACE OF BIRTH

County of Windsor
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 Walter J. R. Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Sex female (7) DATE OF BIRTH July 4 1923
To be answered only in event of Twin or Triplet (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 Laborer
(14) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Marion 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 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 White St. G. R. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report
19 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed Oct 14 1923 (27) C. D. Price 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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STATE OF SOUTH CAROLINA, COLUMBIA, S. C.