

THIS IS A PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Spartanburg

Township of part

or 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

File No. — For State Registrar Only
42900

Registration District No. 4086

Registered No. 172

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. William A. Smith Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 2 11 1942

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. Smith

(9) PRESENT PLACE OF FATHER Whitstone S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Smith

(15) PRESENT POSTOFFICE OF MOTHER Whitstone S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C. Spartanburg Co

(19) OCCUPATION Domestic

(20) 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 alive at 2 A. M. on the date above stated. (Hour, alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. R. Lancaster M.D.

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 12/14/42 191..... (28) 12/17/42 Be... Local Registrar

If the child is not attended by a physician or midwife, then the father, householder, etc., should make this return. If the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IF A CHILD DIES BEFORE THE FIFTH MONTH OF PREGNANCY, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.