

NAME OF MOTHER
LAST, FIRST, MIDDLE INITIALS
MATERIAL NUMBER
REGISTRATION NUMBER
EXPIRATION DATE
ISSUED BY STATE

(1) PLACE OF BIRTH
County of Bishopville
Township of
Inc. Town of
or
City of

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

41393

Registration District No. 3 ...
5000

Registered No. 102 ...
(For use of Local Register)

St. Ward)

(No. instead of street and number)
(If child is not yet named, make
supplemental report as directed)

(2) Full Name of Child Lester Smith

(a) DAY OR	(b) TIME OR TRIMESTER	(c) MONTH IN YEAR OF BIRTH	(d) FATHER	(e) MOTHER
.....

FATHER.

(a) NAME Loyd Smith
(b) PRESENT
POSITION
OF FATHER Bishopville S.C.
(c) COLOR
(d) RACE
(e) BIRTHPLACE

(f) DESCRIPTION Lee C.
Farmer

(g) Number of children born to
mother, including present birth 1

MOTHER.

(a) NAME Anie Bell Felder
(b) PRESENT
POSITION
OF MOTHER Bishopville S.C.
(c) COLOR Cal (d) AGE AT LAST
BIRTH 18
(e) BIRTHPLACE
(f) DESCRIPTION Lester S.
Dornerie

(g) Number of children of this mother
born since last birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was (sex, live or stillborn)
on the date above stated.

(2) (Signature) Charlotte T. Tidwell (3) Address of physician or midwife
(4) Date written 13 Sept 1942

GIVEN NAME AND SIGNATURE
AND INITIALS

(5) WITNESS (Signature of witness necessary only
when question 13 is signed by mark)

(6) Date 13 Sept 1942 (7) M.R. H. L. Laney
I, the undersigned, do hereby certify that the above
information is true to the best of my knowledge
and belief, and that no report is desired of this birth.