

(1) PLACE OF BIRTH

County of Richland
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19909

Inc. Town of Registration District No. 359 Registered No. 100
 or (For use of Local Registrar)
 City of 208 Second St. Olympia 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 Richard James Smith { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>B</u>	4) Twin or Triplet? <u>1</u> <small>To be answered only in event of twins or triplets</small>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 3, 1924</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
8) FULL NAME <u>William Robert Smith</u>		14) NAME BEFORE MARRIAGE <u>May Belle Harrington</u>		
9) PRESENT POSTOFFICE OF FATHER <u>208 Second St. Olympia</u>		15) PRESENT POSTOFFICE OF MOTHER <u>208 Second St. Olympia</u>		
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
12) BIRTHPLACE <u>NC</u>		18) BIRTHPLACE <u>Pa</u>		
13) OCCUPATION <u>mill Operative</u>		19) OCCUPATION <u>House</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born at 208 Second St. Olympia on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. J. Egan

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

Physician Columbia, S.C.

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 Jan 22, 191 (28) 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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