

(1) PLACE OF BIRTH

County of BeaufortTownship of B. 12. 10. 11. 12

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register Only

4432

Registration District No. 3. 000Registered No. 10

(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 Willie Rose Smith

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

(3) SEX OR
SEX(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married Yes

(7) DATE OF

BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Paul J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is reported as stillborn. No report is desired at stillbirths.

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Date Feb 1 1923 (Signature) Paul J. Smith Local Registrar

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MARRIAGE RECORDS FROM 1911 TO 1923

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