

10 PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12832

County of Anderson

Township of Honea Path

City of _____

Registration District No. 307 Registered No. 67
(For use of Local Registrar)

St. _____ Ward _____
(No. _____)
If child is not yet named, make supplemental report as directed

2 Full Name of Child Francis Smith

3 (1) Sex Male (2) Twin or triplet? _____ (3) Number in order of birth _____
Is to be answered only in event of Twin or triplet

(4) Are Parents Married? Yes (5) DATE OF BIRTH May 15 23
(Name of Month) (Day) (Year)

FATHER.

7 FULL NAME Harry Smith

8 PRESENT POSTOFFICE OF FATHER Honea Path

9 COLOR OR RACE negro (10) AGE AT LAST BIRTHDAY 27 (Years)

11 BIRTHPLACE S. C.

12 OCCUPATION farmer

13 Number of children born to father, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Marine Smith

(15) PRESENT POSTOFFICE OF MOTHER Honea Path

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was alive at _____ (Hour A. M. or P. M.)
(Born alive or stillborn)

(23) (Signature) M. S. Smith (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Honea Path

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

(27) Filed May 30 1912 (28) June W. Allen Local Registrar

When there is an attending physician or midwife, a report is desired of stillbirths before the child breathes even once. It must not be reported as stillborn before the month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the month of pregnancy.