

REARVIEW MIRROR AND BUSH MOUNTING.
 WRITE PLAINLY. WITH REFERENCE TO THE AFRICAN MIRROR MIRROR.
 IN 2--one of the two is a separate blank for the MIRROR.
 FIRST-CLASS. No. 1. THE OTHER, No. 2, etc. In question 2

(1) PLACE OF BIRTH

County of Alameda
Township of Mayesville
or
inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Use

533 1

Registration District No. 9702 Registered No. 8
(For use of Local Registrar)

City of San Francisco (No. 8 St. 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Matthew Smith

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>July 17 1923</i> (Name) (Month) (Day) (Year)
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FATHER
 (b) FULL NAME William Smith

7) PRESENT POSTOFFICE OF FATHER *Maysville*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *27*

17) BIRTHPLACE _____

13. OCCUPATION 41

20) Number of children born to mother, including present birth

(14) NAME John MOTHER Esther Smith

PRESENT POSTOFFICE OF ADDRESS *Manuel L. R*

(16) COLOR OR RACE *Lat* (17) AGE AT LAST BIRTHDAY *26*

DATE _____ (Year) _____

(71) Number of children of this mother now living, including current HUD

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(29) I hereby certify that I attended the birth of this child, who was born at 106 M.
on the date above stated. 22 (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) James M. Walsh

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

File name added from a supplemental report

(20) Witness

(Signature of Witness necessary only
when question 23 is signed by ~~mar~~)

(27) 10/23 (28) 10/23

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.