

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 Inc. Town of

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

No. 10.—For this Register only
30818

Registration District No. 7.6.02 Registered No. 109
 (For use of Local Registrar)

City of (No. 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 Bessie Smith If child is not yet named, make supplemental report as directed

(3) SEX <u>Female</u>	(4) Type or Type To be determined by report of Father or Mother	(5) Number in order of birth	(6) Age in years <u>4</u>	(7) DATE OF BIRTH <u>Oct 18 1923</u> (Month of birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Smith</u>			(14) NAME OF MOTHER <u>Josephine Francis</u>	
(9) RESIDENT ADDRESS OF FATHER <u>Abbeville SC</u>			(15) RESIDENT ADDRESS OF MOTHER <u>Abbeville SC</u>	
(10) COLOR OF FATHER <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OF MOTHER <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farm To her</u>			(19) OCCUPATION <u>Farm To her</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 11 P. M.,
 on the date above stated. (Supplemental stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter S. Francis
 (24) State physician, Physician or Midwife (25) Address of Physician or Midwife
Abbeville SC McNair

Given name added from a supplement-
 al report

(26) Witness F. H. Boyd M.D.
 (Signature of Witness necessary only
 when question 23 is signed by mother)
Oct 24 1923 (27) F. H. Boyd M.D.
 Local Registrar

*When child is born in a hospital, etc., should make this return.
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