

(1) PLACE OF BIRTH

County of

Township of Centerville

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6428

Registration District No. 303Registered No. 19
(For use of Local Registrar)(No. 140 McCall St. St.; Ward)(2) Full Name of Child Amie Ruth Smith

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

(3) SEX OR GIRD?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

3.....3.....1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W U Smith

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Rayborn Ice

(13) OCCUPATION

mill op

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lulamae Barkley

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25
(Year)

(18) BIRTHPLACE

and Co

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10..... M.
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

19

(28)

ANDERSON

*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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