

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATORY BLANK FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1
 Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Varrenville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 5887—For State Registrar Only

Registration District No. 313

Registered No. 10
 (For use of Local Registrar)

(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 William F. Smith

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 23 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George F. Smith</u>			(14) NAME BEFORE MARRIAGE <u>William Edgar</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
(12) BIRTHPLACE <u>Anderson, S. C.</u>		(18) BIRTHPLACE <u>Anderson, S. C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
20 Number of children born to mother, including present birth <u>3</u>			21 Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:03 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. F. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, S. C.

Given name added from a supplemental report

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

(27) Filed April 9, 1923 (28) E. A. Elrod
 Local Registrar

*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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