

CERTIFICATE OF BIRTH

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

FILE NO. - 17-11-10-10-10

22036

Name of Child
Miles A. Smith

Registration District No. 78

Sex of Child (M or F) M
Date of Birth (Month, Day, Year) Feb 21 1935

Full Name of Child Miles A. Smith

Place of Birth (City, Town, or Village) Charleston, S.C.

Parents (Name and Address) John A. Smith, 1234 Main St., Charleston, S.C.

Color of Child (Race) White

Birthplace (City, Town, or Village) Charleston, S.C.

Occupation (Father) Housewife

Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Signature) John A. Smith

(Address of Physician or Midwife) 1234 Main St., Charleston, S.C.

Name added from a supplemental report

(Signature of Witness necessary only when question 22 is signed by mark)

(Date) Feb 28 1935 (Signature) R. A. Smith

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