

(1) PLACE OF BIRTH

County of Greenville
 Township of Anthony
 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 Only
399?

Registration District No. 2200 Registered No. 29
 (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 James M. Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 2 1928
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter M. Smith
 (9) PRESENT POSTOFFICE OF FATHER Smyrna
 (10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Miss C. A. Smith
 (15) PRESENT POSTOFFICE OF MOTHER Smyrna
 (16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House & Farm work
 (21) Number of children of this mother now living, including present birth 1

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James M. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smyrna

Given name added from a supplemental report

(26) Witness L. P. Richardson (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 10 1928 (28) L. P. Richardson 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.

M. B.—In case of TWIN or TRIPLET use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.