

(1) PLACE OF BIRTH

County of Oconee
 Township of Prichard
 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

39554

Registration District No. 3403 Registered No. 23
 (For use of Local Registrar)

City of (No. SE. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child General Lee Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 27, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ramse Smith
 (9) PRESENT POSTOFFICE OF FATHER Tugaloo
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19
 (Years)
 (12) BIRTHPLACE Oconee County
 (13) OCCUPATION Sawmill work

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Hollbrook
 (15) PRESENT POSTOFFICE OF MOTHER Tugaloo
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE Holbrook Co. Ga.
 (19) OCCUPATION House worker

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, 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 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. R. Boswell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Talula Mills Ga.

Given name added from a supplemental report

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

(27) Filed Dec. 6, 1922 (28) J. N. Watkins 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.

MOBILE, ALABAMA, COLUMBIA, S. C.