

(1) PLACE OF BIRTH

County of AlleghenyTownship of West

Inc. Town of

City of

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

(2) Full Name of Child Earl Ward Smith

File No.—For State Registrar Only

19718

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 49 Registered No. 15

(For use of Local Registrar)

(3) BOY OR GIRL Boy(4) Twin or Triplet? +(5) Number in order of birth 1

To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 7 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Smith(9) PRESENT POSTOFFICE OF FATHER West(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE W. Va.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE +(15) PRESENT POSTOFFICE OF MOTHER West(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE W. Va.(19) OCCUPATION Farmer(20) 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 White at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Narah Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife West

(Given name added from a supplemental report)

Mary Wallace
Registrar

(26) Witness

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

(27) Filed 15 1923

(28)

Local Registrar

*When there was no attending physician or midwife, 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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