

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of

City of

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

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

File No.—For State Registrar Only
8656

Registration District No. 410 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Samuel Edwin Smith

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

1 BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 20 1923
(Name of Month) (Day) (Year)

FATHER.

1 FULL NAME Addie Monroe Smith

2 PRESENT POSTOFFICE OF FATHER Amos 120 S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30

12 BIRTHPLACE S.C.

13 OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Edwin Smith

(15) PRESENT POSTOFFICE OF MOTHER Amos 120 S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 white at 1 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. S. Thompson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Amos 120 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 up 4 1923 (28) H. M. McKinney 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.