

(1) PLACE OF BIRTH

County of GeorgetownTownship of #2or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 101 Registered No. 6
(For use of Local Registrar)

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

(2) Full Name of Child Josephine Smith (If child is not yet named, enter supplemental name or names)Date of Birth Feb 23 1933
Time of Birth 10:30
Place of Birth Georgetown S.C.

FATHER		MOTHER	
(1) Full Name	<u>Bess J. Smith</u>	(1) Full Name	<u>Josephine Davis</u>
(2) Present Residence of Father	<u>Georgetown S.C.</u>	(2) Present Residence of Mother	<u>Georgetown S.C.</u>
(3) Color or Race	<u>B</u>	(3) Color or Race	<u>B</u>
(4) Birthplace	<u>Georgetown S.C.</u>	(4) Birthplace	<u>Georgetown S.C.</u>
(5) Occupation	<u>Farmer</u>	(5) Occupation	<u>Housework</u>
(6) Number of children born to mother, including present birth	<u>7</u>	(6) Number of children of this mother now living, including present birth	<u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Date alive or stillborn) (Hour A. M. or P. M.)(19) Signature James C. Smith (20) Address of Physician or Midwife Georgetown S.C.

By [Signature] Registrar

By [Signature] Deputy Registrar

By [Signature] Health Officer