

## (1) PLACE OF BIRTH

County of Thomson

Township of .....

Inc. Town of Carlisle

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

No. for State Registrar only

28270

Registration District No. 2002 Registered No. 25

(For use of Local Registrar)

## (2) Full Name of Child

Pauline Alberta Smith

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at birth 1 yr (7) DATE OF BIRTH Sept 16, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME L. A. Smith  
 (9) PRESENT POSTOFFICE OF FATHER Carlisleville - SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Lawyer  
 (14) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Fannie K. Kneale  
 (15) PRESENT POSTOFFICE OF MOTHER Carlisleville SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) L. A. Smith (25) Address of Physician or Midwife Carlisleville SC

Given name added from a supplemental report

(26) Witness H. J. Vittman  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 5, 1923 (28) H. J. Vittman 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.