

(1) PLACE OF BIRTH

County of Anderson  
Township of Hones

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**19842**

or  
Town of ..... Registration District No. .... Registered No. 107  
(For use of Local Registrar)

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

(2) Full Name of Child James Malcolm If child is not yet named, make supplemental report as directed

BOY or GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 21  
(Name of Month) (Day) (Year)

FATHER. FULL NAME Missie Vance Smith (14) NAME BEFORE MARRIAGE Lila Belle Batts

PRESENT POSTOFFICE OF FATHER Hones Pt. S. (15) PRESENT POSTOFFICE OF MOTHER Hones Pt. S.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years) (Years)

BIRTHPLACE Anderson Co (18) BIRTHPLACE Anderson Co

OCCUPATION Cotton mill op (19) OCCUPATION Domestic

Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born, at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James W. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hones Pt. S.

For name added from a supplemental report  
191  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 191 (28) James W. Williams Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

month of pregnancy.