

(1) PLACE OF BIRTH

County of Saluda
 Township of #2
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1267

Registration District No. 390 Registered No. 115
 (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

Dee-Ann Smith

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

3. BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 4 23
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME W. L. Litcher, Smith9. PRESENT POSTOFFICE OF FATHER Ridge Spring10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (Year)12. BIRTHPLACE Saluda Co., S.C.13. OCCUPATION Iron Laborer20. Number of children born to mother, including present birth 8

MOTHER.

14. NAME BEFORE MARRIAGE Alvarize Cue15. PRESENT POSTOFFICE OF MOTHER Ridge Spring16. COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39
 (Year)18. BIRTHPLACE Saluda Co., S.C.19. OCCUPATION House work and farm hand21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. R. B. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Spring

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 9 1924 (28) Mrs. J. S. Cranch 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.

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