

Form No. 1. THIS OTHER, No. 2, etc., in question 1.
FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 1.
State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County Spokane
Township of 11
or
Inc. Town of 11
or
City of 6
(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. 40-a Registered No. 526
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>girl</u>	(7) DATE OF BIRTH <u>3-27-23</u> (Name of Month) (Day) (Year)
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FATHER. (8) FULL NAME <u>Olin G. Smith</u> (9) PRESENT RESIDENCE OF FATHER <u>Spokane, W. Va.</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>49</u> (12) BIRTHPLACE <u>W. Va.</u> (13) OCCUPATION <u>mill work</u> (14) Number of children born to mother, including present birth <u>1</u>	MOTHER. (15) NAME BEFORE MARRIAGE <u>Emma Brock</u> (16) PRESENT RESIDENCE OF MOTHER <u>Spokane</u> (17) COLOR OR RACE <u>W</u> (18) AGE AT LAST BIRTHDAY <u>29</u> (19) BIRTHPLACE <u>N.C.</u> (20) OCCUPATION <u>house work</u> (21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 3:27 P. M., on the date above stated.
(23) (Signature) [Signature]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Spokane, W. Va.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 12-12-23 Registrar J. C. Cohen 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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