

(1) PLACE OF BIRTH

County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Bates State Board of Health

File No.—For State Registrar Only

or
 Inc. Town of Registration District No. 2201 Registered No. 4323
 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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 20 1929</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. A. Smith</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Glen Goldsmith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Traville's Rest R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Traville's Rest R. 1</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>N. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:45 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. D. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Traville's Rest R. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) File McK 22 (28) D. S. ... 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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