

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

530

In Town of Registration District No. 4009 Registered No. 17
(For use of Local Registrar)
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 Eace Smith If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 29
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Theodore Smith(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Laurens Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5MOTHER.
(14) NAME BEFORE MARRIAGE Kinnie Smith(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Woodruff S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Fannie Young

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Woodruff S.C.

Given name added from a supplemental report

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

(26) Filed Mar 5 1927 (27) Chas L. Boyter 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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