

(1) PLACE OF BIRTH

County of Berkely
 Township of East
 Inc. Town of
 City of

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

Registration District No. 708 Registered No. 68
 (For use of Local Registrar)

(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 Walter Smith (If child is not yet named, make supplemental report as directed)

| | | | | |
|---|--|------------------------------|--|---|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>July 24, 1923</u> (Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Walter Smith</u> | | | (14) NAME BEFORE MARRIAGE <u>Liza Smith</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Harleyville S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Cross S.C.</u> | |
| (10) COLOR OR RACE <u>Negro</u> | | | (16) COLOR OR RACE <u>Negro</u> | |
| (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>37</u> (Years) | |
| (12) BIRTHPLACE <u>Harleyville S.C.</u> | | | (18) BIRTHPLACE <u>Eastonville S.C.</u> | |
| (13) OCCUPATION <u>Farming</u> | | | (19) OCCUPATION <u>House wife</u> | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rose Smalls
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

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

(27) Filed July 30, 1923 (28) D. W. Cross 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.