

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. Philip*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. 3288

Registration District No. *909* Registered No. *28*
(For use of Local Registrar)(No. *Union Heights* 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 *Lanue Marion Smith* (If child is not yet named, make supplemental report as directed)(3) SEX OR *girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Feb. 19, 23*
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *Thomas Smith* (14) NAME BEFORE MARRIAGE *Marion Green*(9) PRESENT POSTOFFICE OF FATHER *Myers S. C.* (15) PRESENT POSTOFFICE OF MOTHER *Myers S. C.*(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *21* (18) COLOR OR RACE *Col* (19) AGE AT LAST BIRTHDAY *17*
(Year) (Year)(15) BIRTHPLACE *James Island S. C.* (16) BIRTHPLACE *James Island*(17) OCCUPATION *Chrs. Laborer* (18) OCCUPATION *Housework*(20) Number of children born to mother, including present birth *2* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ellen Murray*(24) State whether Physician or Midwife *R. Midwife* (25) Address of Physician or Midwife *5 Mile*

Given name added from a supplemental report

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

(27) Filed *Nov. 1, 1923* (28) *C. F. Myers* 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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.