

1. PLACE OF BIRTH

Country of France
 Township of
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

19583

Registration District No. 250

Registered No. 72
 (For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL Girl
 4. Twin or Triplet No
 5. Number in order of birth 1
 To be answered only in event of Twins or Triplets

6. Are Parents Married? Yes

7. DATE OF BIRTH 6-11-20
 (Month, Day, Year)

8. FATHER'S NAME Dr. J. H. Smith

9. PRESENT RESIDENCE OF FATHER 1234 Main St., Greenville, S.C.

10. COLOR OR RACE White
 11. AGE AT LAST BIRTHDAY 23 (Years)

12. BIRTHPLACE France

13. OCCUPATION Physician

14. Number of children born to mother, including present birth 4

MOTHER

14. NAME BEFORE MARRIAGE Marie Britton

15. PRESENT RESIDENCE OF MOTHER 1234 Main St., Greenville, S.C.

16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 23 (Years)

18. BIRTHPLACE France

19. OCCUPATION Domestic

(21) Number of children of mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Month, Day, Year) Hour (A.M. or P.M.)

(23) (Signature) M. B. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Witness: John D. Smith
 (Attest)

(26) Witness

or Witness necessary only when question 23 is signed by mark

Filed 7/11/20 at 22 (28) D. B. Martin
 State Registrar

When the State Registrar is absent, the duties of the office may be performed by a deputy or assistant registrar.