

MARCHEN EXEMPTED FOR MISSING.

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

It should be used in cases of twins or triplets and in separate blanks for each child, and used for first-born, No. 1, THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Anderson

Township of Townsend

Inn. Town of.....

City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 313

FILE—For this year
31008

Registered No. 44
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Malke Lee Smith

If child is not yet named, make supplemental report as directed

(a) SEX Male (b) Type of Birth Normal (c) Duration of Birth 10 min (d) Age of Mother 24 (e) DATE OF BIRTH Oct 20 1923

FATHER.
(a) FULL NAME Major Smith
(b) PRESENT RESIDENCE OF FATHER Anderson A.D. 7
(c) COLOR Col (d) AGE AT LAST BIRTHDAY 36
(e) BIRTHPLACE Anderson
(f) OCCUPATION Farming
(g) Number of children born to mother, including present birth 4

MOTHER.
(a) NAME BEFORE MARRIAGE Lizzie Walker
(b) PRESENT RESIDENCE OF MOTHER Anderson A.D. 7
(c) COLOR Col (d) AGE AT LAST BIRTHDAY 36
(e) BIRTHPLACE Anderson
(f) OCCUPATION N Y
(g) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.

(2) (Signature) Charles H. H. H.
(3) State whether Physician or Midwife Physician (4) Address of Physician or Midwife Anderson

(5) WITNESSES.....
(6) Date Nov. 23 1923 (7) Local Registrar E. C. O. Wood

Local Registrar.....
The Local Registrar, or other authorized person, should make this report as soon as possible after the birth of the child. No report is desired of stillbirths before the sixth month of pregnancy.