

(1) PLACE OF BIRTH
County of Richland

Township of

Inc. of Town of
City of Columbia

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

File No.—for State Registrar
37378

Registration District No. 38^a Registered No. 989
(For use of Local Registrar)
(No. Post Office St. 3 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Little Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 22 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Judson H. Smith
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S.C. U.S.A.
(13) OCCUPATION Court Stenographer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ethel McManus
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S.C. U.S.A.
(19) OCCUPATION House Keeper
(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 born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov. 30 1923 (28) [Signature] 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.