Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. 161 For State Registrar Only

County of Marlboro
Township of Red Bluff
or
Inc. Town of McCall
or
City of SC

Registration District No. 3305 Registered No. 21 (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 Nadie Hoyt Smart (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26, 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Hoyt Smart

(9) PRESENT POSTOFFICE OF FATHER McCall SC

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

(12) BIRTHPLACE Tillman SC

(13) OCCUPATION Tillman Mill Work

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Georgia Skipper

(15) PRESENT POSTOFFICE OF MOTHER McCall SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Harry Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at home at 3:00 P.M. on the date above stated.

(23) (Signature) Douglas Hamer

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCall SC

Given name added from a supplemental report

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

Feb 28 1923 (26) H. L. Martinly Local Registrar

When [illegible] the father, householder, etc., should make this return [illegible] as stillborn. No report is desired of stillbirths [illegible] of pregnancy.