

Form No. 1

(1) PLACE OF BIRTH

County of Wagner
Township of Pocotaligoor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43323

Registration District No. 1001 Registered No.
(For use of Local Registrar)
or
City of (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 Amie Larris 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 43 (6) Are Parents Married? yes (7) DATE OF BIRTH 12/20 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Judson B. Smith(9) PRESENT POSTOFFICE OF FATHER Pineblair S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Near Greys S C(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Amie West(15) PRESENT POSTOFFICE OF MOTHER Pineblair S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Near Greys(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:00 a.m. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. K. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Early Smith S C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 191 (28) 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.