

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of(No. St. Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22768

Registration District No. 4.1.09 Registered No. 39.....
(For use of Local Registrar)(2) Full Name of Child Lillie 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 27, 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Frank Smith (14) NAME BEFORE MARRIAGE Lillie Smith(9) PRESENT POSTOFFICE OF FATHER Horatio S. b (15) PRESENT POSTOFFICE OF MOTHER Horatio S. b(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28
(Year) (Year)(12) BIRTHPLACE S. b (18) BIRTHPLACE S. b(13) OCCUPATION farmer (19) OCCUPATION farmer(20) Number of children born to mother, including present birth 1 (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 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. Henry Pearson (24) Address of Physician or Midwife Horatio S. b(25) State whether Physician or Midwife midwife

(Given name added from a supplemental report)

(26) Witness Benjamin Sander
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 1, 1923 (28) Benjamin Sander 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.