

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Bramshy Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37132

Registration District No. 302 Registered No. 118  
 (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 Carl Lee Smith If child is not yet named, make supplemental report as directed

(3) SEX OF  
 CHILD

(4) Twin  
 or Triplet?

(5) Number in  
 order of birth  
 To be answered only in event of Twins or Triplets

(6) Are  
 Parents  
 Married? Yes

(7) DATE OF  
 BIRTH Nov 30 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL  
 NAME Chas. Franklin Smith

(14) NAME BEFORE  
 MARRIAGE Inez Mulligan

(9) PRESENT  
 POSTOFFICE  
 OF FATHER Easley, S.C.

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER Easley, S.C.

(10) COLOR  
 OR  
 RACE White (11) AGE AT LAST  
 BIRTHDAY 30  
 (Years)

(16) COLOR  
 OR  
 RACE White (17) AGE AT LAST  
 BIRTHDAY 19  
 (Years)

(12) BIRTHPLACE  
Anderson Co., S.C.

(18) BIRTHPLACE  
Anderson Co., S.C.

(13) OCCUPATION  
Farmer

(19) OCCUPATION  
Housewife

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

(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 alive at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour or P.M.)

(23) (Signature) J.C. Pepper M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Easley S.C., R#5

Give name added from a supplement-  
 al report

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

(27) Dec 11 22 (28) J.R. Watson  
 Registrar Local Registrar

When there was an 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 sixth month of pregnancy.

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