

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. for State Register 11508

Registration District No. 3413 Registered No. 44
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Smith

If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Boy</u>	(b) TYPE OF TISSUE	(c) NUMBER OF CHILD	(d) SEX OF MOTHER <u>Female</u>	(e) DATE OF BIRTH <u>Jan 9, 1923</u>
FATHER			MOTHER	
(a) FULL NAME <u>Frank Smith</u>			(a) FULL NAME <u>Minnie Smith</u>	
(b) COUNTY OF RESIDENCE <u>Orangeburg S.C.</u>			(b) COUNTY OF RESIDENCE <u>Orangeburg S.C.</u>	
(c) COLOR OF FATHER <u>colored</u>	(d) AGE AT LAST BIRTHDAY <u>40</u>	(c) COLOR OF MOTHER <u>colored</u>		
(e) BIRTHPLACE <u>Orangeburg C.D.</u>	(f) OCCUPATION <u>Fanner</u>	(e) BIRTHPLACE <u>Orangeburg O.H.</u>		
(g) NUMBER OF CHILDREN born to mother, including present birth <u>1</u>			(h) NUMBER OF CHILDREN born to father, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Bessie Jackson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed April 13, 1923 (28) Registrar A. L. Jones

When there was no attending physician or midwife, then the father, mother, etc., or other person, if a child breathes even once, it must not be reported as stillborn. No report is necessary before the next month of pregnancy.