

(1) PLACE OF BIRTH

County of *Flower*
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. *2011* Registered No.
 (For use of Local Registrar)

File No. — For State Registrar Only

11129

(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 *William Louis Smith* 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 *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 20, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Louis Smith*

(9) PRESENT POSTOFFICE OF FATHER *Chawson, S. C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36*
 (Years)

(12) BIRTHPLACE *Chawson Co. - Penn.*

(13) OCCUPATION *Black Smith*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Mabel Leggett*

(15) PRESENT POSTOFFICE OF MOTHER *Chawson, S. C.*

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

(18) BIRTHPLACE *Flower Co. - S. C.*

(19) OCCUPATION *Horse Keeper*

(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 *7* A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Charles E. Farmer*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Chawson, S. C.*

Given name added from a supplemental report

(26) Witness

F. H. Conrad
 (Signature of Witness necessary only when question 23 is signed by mark)

19 ..
 Registrar

(27) Filed

19 ..

(28)

W. H. Howell

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.