

(1) PLACE OF BIRTH

County of AndersonTownship of Bradwayor
Inc. Town ofor
City of Belton

(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

6414

Registration District No. 301 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child David Harrison Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 2, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Walter Smith(14) NAME BEFORE MARRIAGE Gertrude Bradley(9) PRESENT POSTOFFICE OF FATHER Belton R. 2(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE Ga(13) OCCUPATION Farmer(19) OCCUPATION House wife(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 at 4:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Filed April 10, 1922 (28) W. B. Campbell 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.

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