

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39059

City of

Town of

or

of

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

Full Name of Child

Charles Wilkinson Smith

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

OR

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

LI ME

Charles Cecil Smith

PRESENT POSTOFFICE FATHER

Laurens

COLOR

White

(11) AGE AT LAST BIRTHDAY

32

CE

BIRTHPLACE

S.C.

OCCUPATION

Clerk

MOTHER.

(14) NAME BEFORE MARRIAGE

Kate Wilkinson

(15) PRESENT POSTOFFICE OF MOTHER

Laurens

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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\*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at (Place) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

LAURENS, S. C.

Name added from a supplemental report

(26) Witness

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

(27) Filed 11/14/20

(28)

E. C. Kennedy Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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