

(1) PLACE OF BIRTH

County of SumterTownship of Middleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91980

Registration District No. 4103Registered No. 87
(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 Marina Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 1946
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Smith(9) PRESENT POSTOFFICE OF FATHER Wadsworth(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Ballard(15) PRESENT POSTOFFICE OF MOTHER Wadsworth(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife R. 3. Smith

Given name added from a supplemental report

(26) Witness M. L. Park (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 16 1947 (28) M. L. Park 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.