

(1) PLACE OF BIRTH

County of GrovesTownship of WaverlyInc. Town of WaverlyCity of Waverly

(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

19424

Registration District No. 2314Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Kina Elaine Smith

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

In the event of twins or triplets

(5) Number in order of birth 3(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Mar. 12, 1942

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Roy Smith

(9) PRESENT POSTOFFICE OF FATHER

Waverly

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Mill Operative

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ozella May Williams

(15) PRESENT POSTOFFICE OF MOTHER

Waverly, S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housekeeper

(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 Waverly, S. C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. E. Jones, M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianWaverly, 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

Mar. 8, 1942

(28)

J. C. Mabry

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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MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2. McCaw, of Columbia.