

(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

Registration District No. 9aRegistered No. 720

(For use of Local Registrar)

(No. 34 Albany St.) ..... Ward)(2) Full Name of Child JANU. ELL SMITH

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

(3) SEX OR

Boy

(4) TWIN

X

(5) NUMBER OF

X

(6) DATE OF

Feb. 20, 1928

BIRTH

(Month) (Day) (Year)

## FATHER.

(7) FULL

Abner Benjamin Smith

(8) DATE BEFORE

William Threlkeld

(9) PRESENT

Estill S.C.

(10) PRESENT

Charleston S.C.

(11) COLOR

White

(12) AGE AT LAST

31

(13) COLOR

White

(14) AGE AT LAST

21

(15) BIRTHPLACE

Walterboro S.C.

(16) BIRTHPLACE

Colleton Co. S.C.

(17) OCCUPATION

Wood worker

(18) OCCUPATION

H. wife

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

1

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... (Sex alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by marks)

(26) Filed 7.9

(27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

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.