

## (1) PLACE OF BIRTH

County of McCormick  
 Township of Indian  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35440

Registration District No. 4000 Registered No. 82  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number or order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Grady Smith(9) PRESENT POSTOFFICE OF FATHER McCormick(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE McCormick(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Ada Sangky(15) PRESENT POSTOFFICE OF MOTHER McCormick(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE McCormick(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Namm(24) State whether Physician or Midwife (25) Address of Physician or Midwife McCormick

Given name added from a supplemental report

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

(27) August 11, 23 (28) B. D. Mattison 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.