

(1) PLACE OF BIRTH

County of Lexington
Township of Broad River
the Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
State Board of Health

No. Reg. No. Local Registrar Only

69354

Registration District No. 3103 Registered No. 31.....

(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Williams

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

(3) BOY OR
GIRL? Boy

(4) Twin
or Triplets?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF
BIRTH (Month, Day, Year)
Name of Doctor (Name) (Year)

FATHER.

(8) FULL
NAME

Williams Smith

(9) PRESENT
POSTOFFICE
OF FATHER

Peak S.C.

(10) COLOR
OR
RACE

Black.

(11) AGE AT LAST
BIRTHDAY... 21
(Years)

(12) BIRTHPLACE

Lexington Co.

(13) OCCUPATION

Farmer

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

(14) NAME BEFORE
MARRIAGE

Sallie Smith

(15) PRESENT
POSTOFFICE
OF MOTHER

Peak S.C.

(16) COLOR
OR
RACE

Black.

(17) BIRTHPLACE

Lexington Co.

(18) OCCUPATION

House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

Anna E. Smith, M.D.
Midwife Peak, S.C.

(25) Address of Physician or Midwife

Check boxes added from a supplemental report

(26) Witness

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

(27) Filed

July 16, 1944 (28) Local Registrar
J. F. Smith

*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.