

(1) PLACE OF BIRTH

County of Darlington

Township of

or

Inc. Town of

or

City of Darlington

(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

3550

Registration District No. 13-A Registered No. 14

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Ruby Smith

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

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 13, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Clayton Seymour Smith</u>			(14) NAME BEFORE MARRIAGE <u>Violet Fields</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>North Carolina</u>			(18) BIRTHPLACE <u>North Carolina</u>	
(13) OCCUPATION <u>Textile (Weaver)</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 1:05 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington, S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 23, 1923 (28) E. A. Early 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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