

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 2005 Registered No. 43  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Abrian Smith (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Sex male (7) DATE OF BIRTH Sept. 29, 1923  
(Name of Month) (Day) (Year)

| FATHER   |   | MOTHER  |   |
|--|---|---|---|
| (8) FULL NAME <u>Ed Smith</u>  | (14) NAME BEFORE MARRIAGE <u>Louise Robinson</u>                                      | (10) PRESENT RESIDENCE OF FATHER <u>Route 2, Florence</u>                             | (16) PRESENT RESIDENCE OF MOTHER <u>Route 2, Florence</u>                             |
| (10) COLOR OR RACE <u>colored</u>  | (12) AGE AT LAST BIRTHDAY <u>40</u> (Years)   | (10) COLOR OR RACE <u>colored</u>   | (12) AGE AT LAST BIRTHDAY <u>30</u> (Years)   |
| (12) BIRTHPLACE <u>Dr Spain place</u>                                      | (14) BIRTHPLACE <u>Miss place</u>   | (14) BIRTHPLACE <u>Miss place</u>   | (14) BIRTHPLACE <u>Miss place</u>   |
| (14) OCCUPATION <u>H R Schaper</u>   | (16) OCCUPATION <u>Miss place</u>   | (16) OCCUPATION <u>Miss place</u>   | (16) OCCUPATION <u>Miss place</u>   |
| (16) Number of children born to mother, including present birth <u>1-5</u> | (18) Number of children of this mother now living, including present birth <u>1-5</u> | (18) Number of children of this mother now living, including present birth <u>1-5</u> | (18) Number of children of this mother now living, including present birth <u>1-5</u> |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Saturday, Sept. 29, 1923 at Dr Spain place, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adair Hines (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Dr Spain place

Given name added from a supplemental report

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

(27) Filed Oct. 8, 1923 (28) P. H. Prichard, M.D.

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.