

(1) PLACE OF BIRTH

County of YorkTownship of Marshfieldor
Inc. Town of ClintonCity of Clinton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. For this register only

38043

Registration District No. 4400Registered No. 41
(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

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF

BIRTH 11-2-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Allen Smith(9) PRESENT POSTOFFICE OF FATHER York SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 17
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Adams(15) PRESENT POSTOFFICE OF MOTHER York SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(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 born alive 11:23 AM, on the date above stated. (Hour M. or P. M.)(22) (Signature) W. H. McCall(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Clinton

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary when question 21 is signed)

(26) Filed 11-2-23(27) Local Registrar W. H. McCall

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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