

(1) PLACE OF BIRTH

County of Berkley
Township of 2nd
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18853

Registration District No. 703 Registered No.
(For use of Local Registrar)

(2) Full Name of Child

William H. Smith

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age and Parents Married <u>1st</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>June 11 1923</u>
FATHER.				MOTHER.
(8) FULL NAME <u>William H. Smith</u>				(14) NAME BEFORE MARRIAGE <u>Miss</u>
(9) PRESENT POSTOFFICE OF FATHER <u>1800 1st St</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>1st St</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY (Year)			(16) COLOR OR RACE <u>white</u>
(12) BIRTHPLACE <u>117th St</u>				(17) AGE AT LAST BIRTHDAY (Year) <u>26</u>
(13) OCCUPATION <u>Teacher</u>				(18) BIRTHPLACE <u>117th St</u>
(19) OCCUPATION <u>Teacher</u>				(20) OCCUPATION <u>Teacher</u>
(21) Number of children born to mother, including present birth <u>1st</u>				(22) Number of children of this mother now living, including present birth <u>1st</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 117th St on the date above stated. (Hour A. M. or P. M.)

(24) (Signature) William H. Smith
(25) State whether Physician or Midwife (26) Address of Physician or Midwife
117th St

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed June 11 1923 (29) 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.