

Form No. 1

## (1) PLACE OF BIRTH

County of DurhamTownship of Providence

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8660

Registration District No. 4105Registered No. 14  
(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 Mubuki Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplet(6) Are Parents Married NO(7) DATE OF BIRTH Feb 25, 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Burnell Smith(9) PRESENT POSTOFFICE OF FATHER Durham, N.C.(10) COLOR OR RACE Col(11) BIRTHPLACE S.C.(12) OCCUPATION Insurance(13) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Lurina Smith(15) PRESENT POSTOFFICE OF MOTHER Durham, N.C.(16) COLOR OR RACE Col(17) BIRTHPLACE S.C.(18) OCCUPATION at home(19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P. M., on the date above stated. (Hour A. M. or P. M.)(21) (Signature) Effie Anderson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Durham, N.C.

(24) Given name added from a supplemental report

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

(26) Filed March 2nd 1923 (27) W. R. Raffield 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.