

## (1) PLACE OF BIRTH

County of FlorenceTownship of Calhoun

Inc. Town of .....

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

24437

Registration District No. 2709Registered No. 73

(For use of Local Registrar)

(No. .... Ward)

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

(2) Full Name of Child Sammie Smith If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</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>Aug 7</u> 19 <u>33</u> (Month) (Day) (Year)
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## FATHER

(8) FULL NAME Warren Smith(9) PRESENT POSTOFFICE OF FATHER Zulu City, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lumber(20) Number of children born to mother, including present birth 12

## MOTHER

(14) NAME BEFORE MARRIAGE Martha Wilson(15) PRESENT POSTOFFICE OF MOTHER Zulu City, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5-9 M., on the date above stated. (How A. M. or P. M.)(23) (Signature) S. B. D. Smith(24) State where Physician or Midwife SC (25) Address of Physician or Midwife Zulu City, S.C.

Given name added from a supplemental report

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

(27) Filed 8 30 33 (28) R. L. Carter 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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