

(1) PLACE OF BIRTH

County of *Spencer*Township of *Clinton Springs*

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

5257

Registration District No. *4072* Registered No. *18*

(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 *Pauline Ardell Smith* child is not yet named, make supplemental report as directed(3) SEX OR GENDER *Female* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *2/14/23*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. H. Smith*(9) PRESENT POSTOFFICE OF FATHER *Pauline H 2*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *40*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie Tucker*(15) PRESENT POSTOFFICE OF MOTHER *Pauline H 2*(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *37*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *3* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive* *11 a.m.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Harriet Summer*(24) State whether Physician or Midwife *Mid* (25) Address of Physician or Midwife *Pauline H*

Given name added from a supplemental report

(26) Witness *J. C. White*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Mar 24 1923* (28) *Mrs. J. C. White*
Registrar Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.