

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of Warrickville  
 or  
 the Town of Georgetown  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only  
**31674**

Registration District No. 12 R. 3. Registered No. 121.....  
 (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 John Smith ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 9-2-23 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. B. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Matha Little</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>
(12) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(18) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(13) BIRTHPLACE <u>Georgetown</u>	(15) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>House work</u>	(21) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was 9-2-23 at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) John Smith (25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed 9-13-23 (29) N. S. Little 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.