

## (1) PLACE OF BIRTH

County of CharlestonTownship of Wm. C. Johnson

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1205 Registered No. 187  
(For use of Local Registrar)File No. - For State Registrar Only  
**41695**

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

(2) Full Name of Child LeRoy Arthur 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

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 19, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME LeRoy C. Smith(9) PRESENT POSTOFFICE OF FATHER Widow S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Druggist(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Harris(15) PRESENT POSTOFFICE OF MOTHER Widow S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ruby Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Widow 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

(28)

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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