2/12/24.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 41893

(1) PLACE OF BIRTH

County of Newberry
Township of #10
or
Inc. Town of
or
City of

Registration District No. 3401 Registered No. 53 (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 Ulyses 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 | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sept 21 19 23 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Willie Smith	(14) NAME BEFORE MARRIAGE	Lilla Reeder
(9) PRESENT POSTOFFICE OF FATHER	Columbia, 2120 Lady St	(15) PRESENT POSTOFFICE OF MOTHER	Columbia 2120 Lady St
(10) COLOR OR RACE	black	(16) COLOR OR RACE	black.
(11) AGE AT LAST BIRTHDAY (Years)		(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE	Florida	(18) BIRTHPLACE	S. C.
(13) OCCUPATION	Chauffer	(19) OCCUPATION	Cook
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Georganna Hallman

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Prosperity SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Jan 10 1924 (28) Elberta Sease 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.