

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

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

(2) Full Name of Child Loam Gilbert SmithRegistration District No. 3A

File No. - For State Registrar Only

17445Registered No. 145
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 1st 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Smith

(9) PRESENT POSTOFFICE OF FATHER

118 Daniel St. Anderson S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Baker

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Dodie Hilliard

(15) PRESENT POSTOFFICE OF MOTHER

118 Daniel St. Anderson S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

House work

(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 Plus at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour, P.M. or P.M.)

(23) (Signature)

J. W. Carter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Anderson 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 6-17 1922

(28)

(29)

*When there was no attending physician or midwife, then the father, householder, etc., should make a report 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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