

PLACE OF BIRTH

City of WilliamburgShip of Easton

Town of

or

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

(No. St. Ward)

FULL NAME OF CHILD

William Earnest Smith

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

BOY OR

Girl

1. Number in order of birth

First

2. Are Parents married?

Yes

3. DATE OF BIRTH

Mar 251923

To be secured only in event of Twin or Triplets

(Name of Month) (Day) (Year)

FATHER

FULL NAME

William B Smith

PRESENT POSTOFFICE OF FATHER

Marion, S.C.

COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

24

(Years)

BIRTHPLACE

Henry County, S.C.

OCCUPATION

Lumberman

Number of children born to mother, including present birth

One

MOTHER

14. NAME BEFORE MARRIAGE

Anna Mae Smith

15. PRESENT POSTOFFICE OF MOTHER

Marion, S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

28

(Years)

18. BIRTHPLACE

Langster County, S.C.

19. OCCUPATION

House wife

21. Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 3/25/23 at 1 p.m. on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.

22. Signature

23. State whether Physician or Midwife

24. Address of Physician or Midwife

When name added from a supplemental report

19

25. Witness

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

27. Filed

19

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 not be reported as stillborn. Report is desired of stillbirths before the fifth month of pregnancy.