

(1) PLACE OF BIRTH

County of *San Juan*

Township of

OR
Inc. Town of

OR
City of

(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

File No.—For State Registrar Only

23068

Registration District No. *2109* Registered No. *51*
(For use of Local Registrar)

(2) Full Name of Child *John Judson 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 *May 5 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Willie Smith*

(9) PRESENT POSTOFFICE OF FATHER *Lorington SC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*
(Years)

(12) BIRTHPLACE *Lex Co*

(13) OCCUPATION *Mech operative*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Macey Richard*

(15) PRESENT POSTOFFICE OF MOTHER *Lorington SC*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*
(Years)

(18) BIRTHPLACE *Lex Co*

(19) OCCUPATION *Domestic*

(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 *10 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. H. Williams*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Lorington SC*

Given name added from a supplemental report

Mrs. B. Woodward

6/19/42 19 *42*
Registrar

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

(27) Filed *Aug 10 19 22* (28) *Mrs. C. R. Jayson*
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.

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RECEIVED AT THE REGISTER'S OFFICE, COLUMBIA, S. C. MAY 10 1922