

(1) PLACE OF BIRTH

County of SummitTownship of 1st

Inc. Town of

City of

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

(2) Full Name of Child

Medford L. Smith

File No.—For State Registrar Only

42714

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1209 BRegistered No. 434

(For use of Local Registrar)

(3) SEX OR GENDER girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 17, 1932 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Smith(9) PRESENT POSTOFFICE OF FATHER Summit SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE W.C.(13) OCCUPATION Teacher(14) NAME BEFORE MARRIAGE Eddie Haynes(15) PRESENT POSTOFFICE OF MOTHER Summit SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE W.C.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7th M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Yes J. Walker(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Summit

Given name added from a supplemental report

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

(26) Date Dec 30, 1932 (27) 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.