

(1) PLACE OF BIRTH

County of CalhounTownship of Wasson

Inc. Town of

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

No. 10.—For State Registrar Only

808

Registration District No. 1410Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Mildred Smith

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

(3) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>6</u>	(6) Age months <u>12</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 12 23</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph G. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Summers S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summers S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. S. Thompson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summers S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Signed Ab. Y. 1923 (28) Mattie Kinsey
Registrar 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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