

(1) PLACE OF BIRTH

County of Saluda
 Township of # 2
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

22463

Registration District No. 2901 Registered No. 74
 (For use of Local Registrar)

(2) Full Name of Child Ornithy L. Smith If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			<u>Yes</u>	<u>July 1, 1923</u>
(8) FATHER			(9) MOTHER	
(9) FULL NAME <u>Odin Smith</u>			(14) NAME BEFORE MARRIAGE <u>Gladys Parish</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>	
(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(12) BIRTHPLACE <u>Saluda Co</u>	(13) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)
(18) BIRTHPLACE <u>Saluda Co</u>	(19) OCCUPATION <u>Farming</u>	(20) BIRTHPLACE <u>Texas</u>	(21) OCCUPATION <u>Housewife</u>	
(22) Number of children born to mother, including present birth <u>11</u>			(23) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Corrie Little(26) State whether Physician or Midwife mid(27) Address of Physician or Midwife Orad

Given name added from a supplemental report

James H. Wiley
Oct 8, 1923
 Registrar

(28) Witness

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

(29) Filed July 4, 1923 (30) Mrs. J. B. Grinch 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.