

(1) PLACE OF BIRTH

County of PickensTownship of Central

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

No. 29785 - For State Registrar Only29785Registration District No. 32-2 Registered No. 164

(For use of Local Registrar)

(2) Full Name of Child Chas. Austin Smith (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 24, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Smith(9) PRESENT POSTOFFICE OF FATHER Central S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ira Rennie(15) PRESENT POSTOFFICE OF MOTHER Central S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House keeper(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)(22) (Signature) J. H. Bearden(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

L. DarbySept. 24, 1923

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) SIGNED Sept. 24, 1923 (27) J. H. Bearden (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.