

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Anderson

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

(2) Full Name of Child Not named

No. for State Register Use

174

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34Registered No. 23

(For use of Local Registrar)

(St.) ..... Ward)

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

(3) BOY OR GIRL Y(4) Twin Yes

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Jan 30, 1923

## FATHER.

(8) FULL NAME Barbours B. Smith(9) PRESENT POSTOFFICE OF FATHER Anderson Co.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29(12) BIRTHPLACE Jackson Co. Ga.(13) OCCUPATION Cotton Picker(14) Number of children born to mother, including present birth 9

## MOTHER.

(15) NAME BEFORE MARRIAGE Bessie Susan Segars(16) PRESENT POSTOFFICE OF MOTHER Anderson Co.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 26(19) BIRTHPLACE Hart Co. Ga.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## 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. not dead after 9 a.m. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) Signature Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness) ANDERSON

when question 22 is signed by mother

(28) Filed

(29) Date

19 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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