

(1) PLACE OF BIRTH

County of Catharine

Township of

or Inc. Town of St. Matthews

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8A

File No. - For State Register Only

6673

Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Ellen Smith (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married 60 (7) DATE OF BIRTH Nov 30 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Charles Smith</u>	(14) NAME BEFORE MARRIAGE <u>Loisene Smith</u>	(15) PRESENT POSTOFFICE OF FATHER <u>St. Matthews</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>South Carolina</u>	(19) OCCUPATION <u>School Teacher</u>	(19) OCCUPATION <u>Laundress</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at St. Matthews on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ruth E. Harris (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name and address of supplemental report	(26) Witness (Signature of witness necessary only when question 23 is signed by mark) <u>R. A. A.</u>
	(27) Filed <u>Nov 29 1922</u> (28) Local Registrar <u>R. A. A.</u>

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.