

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Barnwell  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

SEAL OF NORTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

48663

Registration District No. 50.1... Registered No. 49  
 (For use of Local Registrar)

City of ..... (No. .... St.) ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Type or Types To be entered only in case of Twins or Triplets (5) Number in order of birth yes (6) DATE OF BIRTH Oct 17 1923

FATHER.  
 (1) FULL NAME H. K. Smith  
 (2) PRESENT RESIDENCE OF FATHER Barnwell S.C.  
 (3) COLOR OR RACE negro (7) AGE AT LAST BIRTHDAY 43  
 (4) BIRTHPLACE Barnwell S.C.  
 (5) OCCUPATION Farmer  
 (6) Number of children born to mother, including present birth 9

MOTHER.  
 (10) NAME BEFORE MARRIAGE Maggie Hutto  
 (11) PRESENT RESIDENCE OF MOTHER Barnwell S.C.  
 (12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 37  
 (14) BIRTHPLACE White Pond S.C.  
 (15) OCCUPATION Farmer  
 (16) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

(19) (Signature) Irena Sherman (Born alive or stillborn) (Hour A. M. or P. M.)  
 (20) State whether Physician or Midwife Midwife (21) Address of Physician or Midwife Barnwell S.C.

Given name above from a supplemental report  
see affidavit

(22) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (23) Date Oct 19 1923 (24) N. F. Kirkland

When the birth occurs in a hospital or institution, then the father, householder, etc., should make this report. When the birth occurs at home, it should not be reported as stillborn. No report is desired on stillbirths before the birth month of pregnancy.