

## (1) PLACE OF BIRTH

County of WilliamsburgTownship of WilliamsburgIn. Town of WilliamsburgCity of Williamsburg

## CERTIFICATE OF BIRTH

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

No. 44-For State Registrar

44062

Registration District No. 2, act 6Registered No. 44  
(For use of Local Registrar)

(No. .... St.) ..... Ward)

(2) Full Name of Child Jaffine SmitIf child is not yet named, make  
supplemental report as directed(3) SEX OF  
CHILD Boy(4) Type  
or Weight(5) Number in  
order of birth(6) Age  
at birth(7) DATE OF  
BIRTH April 1923  
(Month of Year) (Day) (Year)

## FATHER.

(8) FULL  
NAME David M.(9) PRESENT  
RESIDENCE  
OF FATHER(10) COLOR  
OR  
HAIR(11) AGE AT LAST  
BIRTHDAY  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Willie Smit(15) PRESENT  
RESIDENCE  
OF MOTHER Williamsburg(16) COLOR  
OR  
HAIR White(17) AGE AT LAST  
BIRTHDAY 22  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to  
mother, including present birth 1(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Willie Smit ..... at 10:00 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-  
tal report)(26) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by mother)(27) Filed April 1923 (Month of Year)19  
Registrar\*When there was no attending physician or midwife, then the father, householder, etc., should make report.  
If a child breathes even once, it must not be reported as stillborn. No report to be made before the fifth month of pregnancy.