

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

(2) Full Name of Child George Smith

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

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Feb 11 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cleveland H Smith

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Collector

(14) Number of children born to mother, including present birth

Six

## MOTHER.

(15) NAME BEFORE MARRIAGE

Margaret T Conger

(16) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

33  
(Years)

(19) BIRTHPLACE

Charleston S.C.

(20) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician, Midwife

(25) Address of Physician or Midwife

Given name taken from a supplemental report

L. A. Piner, M.D.1/12/24 19 24

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3 19 24

(28) Local 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

3128

Registration District No. 9ARegistered No. 203  
(For use of Local Registrar)(No. 118 Fishburne St.) ..... Ward)(2) Full Name of Child George Smith

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