

File No. — For State Registrar Only  
56120

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

or  
Inc. Town of ..... Registration District No. 23-a Registered No. 27  
or  
City of Greenwood (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u> <i>To be answered only in event of Twin or Triplet</i>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Girl</u> <u>2</u> (Name of Month) (Day)
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## MONTENEGRO

(14) NAME BEFORE MARRIAGE *Leslie B. Smith*

(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenwood

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE

Aiken Co. S.C.

(19) OCCUPATION  
*Home Keeper*

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

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(28) Witness .....

(Signature of witness necessary only  
when question 28 is signed by mark).

Paul E. Williams

\*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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