

(1) PLACE OF BIRTH

County of *Spencer*
 Township of *Smith*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

9323

Registration District No. *4107* Registered No. *31*
 (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 *Rufus Leroy Smith* If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL *Boy* (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 24* 19 *22*
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Jessie Smith</i>	(14) NAME BEFORE MARRIAGE <i>Nealy Logan</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Lynchburg, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Lynchburg, S.C.</i>
(10) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)
(12) BIRTHPLACE <i>Sumter Co</i>	(18) BIRTHPLACE <i>Sumter Co</i>	(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Housework</i>
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>5</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1 P.* M. on the date above stated. (Born alive (Stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jessie A. Trusdale*
 (24) State whether Physician or Midwife *Midwife* (25) Name of Physician or Midwife *Smith*

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed "Mark")
 19 *22* Registrar (27) Filed *4-7* 19 *22* (28) *L.B.M. Edmund* 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.
 PRINTED-BOBIN, No. 1. THIS OFFICE, No. 2, etc., is question 2.