

(1) PLACE OF BIRTH

County of CherokeeTownship of White Pineor
Inc. Town ofor
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 Joseph B. Smith

File No.—For State Registrar Only

18051

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 137 Registered No. 19
(For use of Local Registrar)3) BOY OR
GIRL?4) Twin
or Triplet?5) Number in
order of birth 106) Are
Parents
Married?

7) DATE OF

BIRTH 10-18-19
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME William B. Smith9) PRESENT
POSTOFFICE
OF FATHER Cherokee, S.C.10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 15
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Teacher20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE William B. Smith(15) PRESENT
POSTOFFICE
OF MOTHER Cherokee, S.C.(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 15
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Teacher(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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William B. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee, S.C.Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filled 19 (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.