

(1) PLACE OF BIRTH

County of Spokane
 Township of Glenn
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
30218

Registration District No. 4 (12) Registered No. 78
 (For use of Local Registrar)

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 Elizabeth Davis
 (If child has not yet named, make report as directed)

(3) SEX OR CHILD Girl (4) Twin or Triple No (5) Number in order of birth 1 (6) Age of child at birth 23
 To be answered only in case of Twin or Triple BIRTH (Name of month) (Day) (Year)

FATHER. (7) FULL NAME David H. Smith (8) NAME BEFORE MARRIAGE Elizabeth L. Davis
 (9) PRESENT POSTOFFICE OF FATHER Glenn Springs (10) PRESENT POSTOFFICE OF MOTHER Glenn Springs
 (11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 48 (13) COLOR OR RACE White (14) BIRTHPLACE Glenn
 (15) BIRTHPLACE Glenn (16) OCCUPATION Physician (17) AGE AT LAST BIRTHDAY 1 (18) BIRTHPLACE Glenn
 (19) OCCUPATION Physician (20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Glenn Springs on the date above stated. (22) (Signature) D. H. Smith (23) Address of Physician or Midwife Glenn Springs

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mrs. J. C. White
 (27) Filed Sept 20 1923 (28) Local Registrar Mrs. J. C. White

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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