

## 1. PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of Jasper Co STATE OF SOUTH CAROLINA

44832

Township of Porter Bureau of Vital Statistics

or Inc. Town of \_\_\_\_\_ State Board of Health

or City of \_\_\_\_\_

Registration District No. 2601Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(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 Regis Erlan Smith { If child is not yet named, make supplemental report as directed.1. BOY OR GIRL Girl 4. Twin or Triplet? one 5. Number in order of birth 3 6. Are Parents Married? Yes 7. DATE OF BIRTH Oct 9 1923  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME Elmer J. Smith9. PRESENT POSTOFFICE OF FATHER Vannell SC10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 31 (Years)12. BIRTHPLACE Vannell SC13. OCCUPATION Saw mill20. Number of children born to mother, including present birth 3

## MOTHER

14. NAME BEFORE MARRIAGE Lela Walsh15. PRESENT POSTOFFICE OF MOTHER Vannell SC16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 24 (Years)18. BIRTHPLACE Cummings SC19. OCCUPATION House wife21. Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was alive at 10 M. (Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.23. Signature Johnston P. P. P.

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

1923

28.

Local Registrar

19  
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.MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
No. 2—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark in FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 2.