

(1) PLACE OF BIRTH

County of Anderson

Township of

or Inc. Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joyce Smith

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Month) (Day) (Year)

MOTHER.

FATHER.

(8) FULL NAME Richard Smith(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION mill work(14) NAME BEFORE MARRIAGE Maudie Griffin(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Rossville Ga(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(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) Filled 19 (28) F. B. CRAYTON Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28693

Registration District No. 3A Registered No. 341
(For use of Local Registrar)(No. Toxaway Mill Ward)

If child is not yet named, make supplemental report as directed