

## 1. PLACE OF BIRTH

County of Oconee  
 Township of Tugaloo  
 or  
 Inc. Town of Thadiso  
 or  
 City of \_\_\_\_\_

# Standard Certificate of Birth

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. \_\_\_\_\_

FILE No.—For State Registrar Only

5186-a

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

2. FULL NAME OF CHILD Spencer Claude Smith (No \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in hospital or other institution, give name of same instead of street and number)  
 { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legiti-  
 mate? yes 8. Date of birth Jan. 11, 1922,  
 (Month, day, year)

9. Full name of FATHER Wilburn Hilliard Smith  
 10. Residence (usual place of abode)  
 (If nonresident, give place and State) Oconee Co. S.C.

18. Full maiden name of MOTHER Essie Jane Spencers  
 19. Residence (usual place of abode)  
 (If non-resident, give place and State) \_\_\_\_\_

11. Color or race white 12. Age at last birthday 38 (Years)

20. Color or race white 21. Age at last birthday 33 (Years)

13. Birthplace (city or place) Habersham Co. Ga.  
 (State or country)

22. Birthplace (city or place) Oconee Co., S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Jan. 11, 1922

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

17. Total time (years) spent in this work 18

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) 8

(a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ weeks \_\_\_\_\_

29. Cause of stillbirth \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P.m. on the date above stated.  
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. Craig, M. D.

or \_\_\_\_\_ Midwife

Give name added from a supplemental report \_\_\_\_\_

Address Toccoa, Ga.

Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_

Registrar.