

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 5

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of Williamston

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20846

Registration District No. 3-C

Registered No. 37

(For use of Local Registrar)

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

(2) Full Name of Child Mary Belle Smith

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

3 BOY OR GIRL?

girl

(4) Twin or Triplet?

5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH July 7 1922

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Thomas Smith

9 PRESENT POSTOFFICE OF FATHER

Williamston, S.C.

10 COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

12 BIRTHPLACE

Williamston, S.C.

13 OCCUPATION

Mill worker

20 Number of children born to mother, including present birth

{ .....

MOTHER.

14 NAME BEFORE MARRIAGE

Mary Jones

15 PRESENT POSTOFFICE OF MOTHER

Williamston, S.C.

16 COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

18 BIRTHPLACE

Williamston, S.C.

19 OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

{ .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .....

on the date above stated.

..... at 3 A. M.,

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Williamston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8-7-22 19 .....

(28) Lillian Russell

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.

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