

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of **Darchester**.....

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34208

Registration District No.....

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

Summerville Infirmary

(No. St.; Ward)

(2) Full Name of Child **William Thompson Smith, Jr.** (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Thompson Smith

(9) PRESENT POSTOFFICE OF FATHER

Summerville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY..... **35** ..
(Years)

(12) BIRTHPLACE

Summerville, S.C.

(13) OCCUPATION

W.T. Smith Co. (Automobiles).

(20) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Charlotte Haskell Simons

(15) PRESENT POSTOFFICE OF MOTHER

Summerville, S.C.

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY..... **33** ..
(Years)

(18) BIRTHPLACE

Baltimore, Md.

(19) OCCUPATION

At home.

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... **born alive** at **6:32 P.M.** ..
on the date above stated. (Born alive or stillborn) (Hour—A.M. or P.M.)

(23) (Signature) **H. S. Minter, M.D.**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Charleston, 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

19

(28)

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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