

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH

County of Yorkland
Township of Springboro
or
Inc. Town of
or
City of Springboro

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32110

Registration District No. 40-0

Registered No. 403
(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 Matthew Golden (No. 228 Golden St.; Ward)
if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No Number in order of birth 1 (5) Are Parents Married? Yes (7) DATE OF BIRTH Nov 28
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Carroll Lee Smith</u>	(14) NAME BEFORE MARRIAGE <u>Lily Lindray</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Springboro</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Springboro</u>
(10) COLOR OR RACE <u>Colo</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Colo</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Union Co</u>	(18) OCCUPATION <u>Carriage</u>	(19) BIRTHPLACE <u>Union Co</u>	(19) OCCUPATION <u>Coaching</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna D. Barker
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Golden St.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jas. Cooper
(27) Filed 10-1-1922 (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.