

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Hingstree*
or
Inc. Town of.....
or
City of *S.C.*

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

File No. — For State Registrar Only
2680

Registration District No. *43A* Registered No. *Three*
(For use of Local Registrar)

(2) Full Name of Child *Joseph Smith*

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

(3) BOY OR GIRL *Boy* (4) Twins or Triplets (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan. 29, 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Sam Smith*
(9) PRESENT POSTOFFICE OF FATHER *Hingstree, S.C.*
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *26*
(12) BIRTHPLACE *Near Hingstree, S.C.*
(13) OCCUPATION *Farming*

MOTHER.

(14) NAME BEFORE MARRIAGE *Janie McBlary*
(15) PRESENT POSTOFFICE OF MOTHER *Hingstree, S.C.*
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *24*
(18) BIRTHPLACE *Near Hingstree, S.C.*
(19) OCCUPATION *Farm Work*

(20) Number of children born to mother, including present birth *Three* (21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive*... at *9 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

Nellie Hunsley (23) (Signature) (24) State, whether Physician or Midwife (25) Address of Physician or Midwife
(C) was the Midwife *Hingstree, 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 *Feb 7, 1922* (28) *J. G. McBlatchin* 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.

FILED - BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8. State of Columbia, Columbia, S. C.