

(1) PLACE OF BIRTH

County of

Spartanburg S. C.
Black Creek

Township of

or
Inc. Town of

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

Registration District No. 2100

No. 815—For State Registrar Only

8315

Registered No. 5
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are parents married?

(7) DATE OF BIRTH

Jan. 1, 1922
(Month) (Day) (Year)

FATHER

(8) FULL NAME

William Edmonstone Smith

(9) PRESENT POSTOFFICE OF FATHER

Swansea S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Cassys S. C.

(13) OCCUPATION

Farming

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

1

(14) NAME BEFORE MARRIAGE

Mae Smith Hartt

(15) PRESENT POSTOFFICE OF MOTHER

Swansea S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Swansea S. C.

(19) OCCUPATION

Farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mrs. Cassie Miller

(24) Name of Physician or Midwife

Neighborhood Swann S. C.

(25) Address of Physician or Midwife

Given name added from a supplement (a) report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

Mar. 22, 1922

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the 28th month of pregnancy.