

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.

MECA
MCCAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Greenville
Township of Marion
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
23119

Registration District No. 3-10-15 Registered No. 3-10-15
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child ----- { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 21, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John C. Smith</u>			(14) NAME BEFORE MARRIAGE <u>William Henry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Marion, S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Marion, S. C.</u>	
(19) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) John C. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, 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 June 21, 1922 (28) John C. Smith
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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