

(1) PLACE OF BIRTH

County of Muller
 Township of Marens
 or
 Loc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only
13680

Registration District No. 315 Registered No. 22
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth _____ (6) Age Parents Married? yes (7) DATE OF BIRTH May 10, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>J. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Jessie Burns</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Camden, SC #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Camden, SC #1</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Farming</u>	(13) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was born at H/O M. on the date above stated. (Born alive or still born) (Hour, M. or P. M.)

(23) (Signature) G. L. Falbricht (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden, SC

Given name added from a supplemental report _____ (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 _____ 19 _____ (27) Filed 6/10 1922 (28) W. L. Casey 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.