

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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 Georgetown  
Township of # 2  
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.)

(2) Full Name of Child John Weston Smith

File No.—For State Registrar Only  
**22215**

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

Registration District No. 2101 Registered No. 34  
(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1922  
(Time of Month) (Day) (Year)

FATHER  
(8) FULL NAME John Smith  
(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C. R. 1.  
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23  
(Year)  
(12) BIRTHPLACE Sampit, S.C.  
(13) OCCUPATION Public work  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Annie McLants  
(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C. R. 1.  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22  
(Year)  
(18) BIRTHPLACE Sampit, S.C.  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria Wilson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown, S.C. R. 1.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/15 1922 (28) A. J. Tilton 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.