

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

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

27352

Registration District No. 3.5.02Registered No. 6.4.9

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Lucy F. Smith

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 27, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lucy F. Smith(9) PRESENT POSTOFFICE OF FATHER West Union, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE West Union, S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE F. M. Roy(15) PRESENT POSTOFFICE OF MOTHER West Union, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE West Union, S.C.(19) OCCUPATION Housewife(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 at 5:1 M. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife West Union, S.C.

Given name added from a supplemental report

(26) Witness

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

19 ..  
Registrar(27) Filed May 26, 1922(28) [Signature]  
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.