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7/12/44

N. P.

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Form No. 8

22 049375

1. PLACE OF BIRTH

County of Richland

Township of _____

OR

Inc. Town of Bookman, S.C.

OR

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

00594

Registration District No. 3805Registered No. _____
(For use of Local Registrar)

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

Ward) _____

2. FULL NAME OF CHILD

Juanita 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

July 10 1922
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

Clarence Smith

9. ADDRESS AT CHILD'S BIRTH

Bookman, S. C.

10. COLOR OR RACE

Colored

11. AGE AT CHILD'S BIRTH

33

(Years)

12. BIRTHPLACE

Bookman, S. C.

13. OCCUPATION

Barber

20. Number of children born to mother, including present birth

5

MOTHER

14. NAME BEFORE MARRIAGE

Amelia Geneva Trapp

15. ADDRESS AT CHILD'S BIRTH

Bookman, S. C.

16. COLOR OR RACE

Colored

17. AGE AT CHILD'S BIRTH

23

(Years)

18. BIRTHPLACE

Bookman, S. C.

19. OCCUPATION

Domestic

21. Number of children by this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Born alive or stillborn)

4 A M.
(Hour A. M. or P. M.)23. Signature Wm. C. Ste...

24. State whether Physician or Midwife

25. Address of Physician or Midwife
Wm. C. Ste...

Given name added from a supplemental report

104. _____

Registrar

26. Witness _____

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

27. Filed 7/ 20/ 19 44 28. L.A. Riser, M.D.

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.

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.