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7/12/44

N. P.  
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Form No. 8

22 049375

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only  
00594

County of Richland

Township of \_\_\_\_\_

OR  
Inc. Town of Bookman, S.C.

Registration District No. 3805

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

City of \_\_\_\_\_ (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 Juanita Smith

{ 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 event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July 10 1922</u> (Name of Month) (Day) (Year)
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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 at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. Signature Wm. C. Ste...

24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

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.