

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of *Spartanburg* .....

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

## (2) Full Name of Child

(3) BOY OR GIRL? *2*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *90*

(7) DATE OF

BIRTH *Oct-17, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Ben. G. Smith*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg SC*(10) COLOR OR RACE *m.* (11) AGE AT LAST BIRTHDAY *42*  
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Trav. Salesman.*(20) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Henry E. Harnick*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*(16) COLOR OR RACE *m.* (17) AGE AT LAST BIRTHDAY *27*  
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5:30 PM.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. A. Wallen, M.D.*

(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 *11-1-1922* (28) *Geo. Capes*  
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.