

## (1) PLACE OF BIRTH

County of Union  
 Township of Parkway

OR  
 Inc. Town of .....  
 OR  
 City of Lockhart SC

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

## (2) Full Name of Child

May O Smith

File No.—For State Registrar Only

28187

Registration District No. 4.2.0.5 Registered No. 4.4  
 (For use of Local Registrar)

St.: ..... Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Smith

(9) PRESENT POSTOFFICE OF FATHER Lockhart SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44  
 (Year)

(12) BIRTHPLACE Union SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Rust

(15) PRESENT POSTOFFICE OF MOTHER Lockhart SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 42  
 (Year)

(18) BIRTHPLACE Union SC

(19) OCCUPATION Farmer & Domestic

(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Dallas Smith (24) State whether Physician or Midwife Midwife

Given not added from a supplemental report

M. B. Woodward M.D.

7/31/42 19 .....

Registrar

(26) Witness John B. Crawford  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 1, 1922 (28) L. J. Hallman 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.

19 .....

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