

ON THESE USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Anderson

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

(2) Full Name of Child Sibil Irene Smith

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan. 26, 1922
(Name of Month) (Day) (Year)

FATHER
(8) Full Name W L Smith
(9) Present Postoffice of Father Anderson
(10) Color or Race W (11) Age at last birthday 29
(Years)
(12) Birthplace Ga
(13) Occupation mill of
(20) Number of children born to mother, including present birth 6

MOTHER
(14) Name before marriage Ludie V. Kilgore
(15) Present Postoffice of Mother Anderson
(16) Color or Race W (17) Age at last birthday 32
(Years)
(18) Birthplace L'corne Ga
(19) Occupation Housewife
(21) Number of children of 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 or stillborn at 12:50 M., on the date above stated. (Hour M. or P.M.)

(23) (Signature) H. M. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Ga.

Given name added from a supplemental report

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

(27) Filed (28) ANDERSON

*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.

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