

1. PLACE OF BIRTH

County of Beaufort

Township of 11

Inc. Town of Burton

City of St.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10074

Registration District No. 600

Registered No. 34
(For use of Local Registrar)

(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

Julius Smith

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

3. BOY OR

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF

BIRTH April 1 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8. FULL NAME

Unknown

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

13. OCCUPATION

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

MOTHER.

14. NAME BEFORE MARRIAGE

Josephine Smith

15. PRESENT POSTOFFICE OF MOTHER

Burton S.C.

16. COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Years)

18. BIRTHPLACE

Burton S.C.

19. OCCUPATION

Farmer Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at St. M. on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Burton S.C.

Given name added from a supplemental report

(26) Witness

Rose D. Richards

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

(27) Filed April 2 1922

(28) H. H. Cant Local Registrar

19 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.