

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

10074

County of Beaufort

Township of 11

or
Inc. Town of Burton

of
City of (No. St.: Ward)

Registration District No. 600

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Julius Smith

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

3 SEX OR Male 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? No 7) DATE OF BIRTH April 1 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

8 FULL NAME Unknown

(14) NAME BEFORE MARRIAGE Josephine Smith

9 PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.

10 COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

12 BIRTHPLACE

(18) BIRTHPLACE Burton S.C.

13 OCCUPATION

(19) OCCUPATION Farmer Laborer

20 Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

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 A. M. or P. M.)

(23) (Signature) Rose Richards (25) Address of Physician or Midwife Burton S.C.

(24) State whether midwife Physician or Midwife

Given name added from a supplemental report

(26) Witness Rose Richards (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed April 2 1922 (28) H. H. Grant Local Registrar

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*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.