

Form No. 8

(1) PLACE OF BIRTH

County of Charleston
 Township of Wadswell
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

27594

Registration District No. 913Registered No. 30

(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 Mary Eva Smiley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Smiley
 (9) PRESENT POSTOFFICE OF FATHER North Port
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Year)
 (12) BIRTHPLACE Wadswell
 (13) OCCUPATION Householder
 (14) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Isabel Hayward
 (15) PRESENT POSTOFFICE OF MOTHER North Port
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (years)
 (18) BIRTHPLACE Wadswell
 (19) OCCUPATION Housewife
 (20) 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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____

(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 _____

19 _____ (28) _____

19 _____ Registrar

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.