

## (1) PLACE OF BIRTH

County of *Greenville*Township of *Donald*

Inc. Town of .....

City of .....

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

(2) Full Name of Child *Albert Franklin Smith*

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18904

Registration District No. *2.2.1.3* Registered No. *5.3*  
(For use of Local Registrar)(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 5, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Franklin Alfred Smith*(9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C. R. 3*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Annie McEachern*(15) PRESENT POSTOFFICE OF MOTHER *Greenville, S.C. R. 3*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(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 *Alfred* at *9:30* A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Annie McEachern*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville, S.C. R. 3*

Given name added from a supplemental report

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

(27) Filed *July 8, 1922* (28) *Albert W. Newell* 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.