

No. 1

## (1) PLACE OF BIRTH

County of Saluda  
 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

9031

Registration District No. 3.9.2.4 Registered No. 17  
 (For use of Local Registrar)

City of ..... (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 Walter B. Smith 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 Feb. 7. 1922  
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Leopold Smith  
 (9) PRESENT POSTOFFICE OF FATHER Saluda  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Dr. in Army  
 (20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada Coulthart  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter B. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda

Given name added from a supplemental report

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

(27) Filed Mar. 12 1922 (28) D. J. Gester 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.

RECEIVED AT THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, ON FEBRUARY 10, 1922, AT 10:30 A.M. FILED IN REGISTRY, NO. 1, FILE 9031, IN QUESTION 2.