

REGISTRATION, No. 1, FREE, EITHER: No. 2, etc. in question 5.

(1) PLACE OF BIRTH  
 County of Saluda  
 Township of S  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**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. 3904 Registered No. 17  
 (For use of Local Registrar)

(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 of Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 7<sup>th</sup>, 1922  
 (Name of Month, Day, Year)

**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 S.C.  
 (13) OCCUPATION Ironing  
 (20) Number of children born to mother, including present birth 11

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ada Calhoun  
 (15) PRESENT POSTOFFICE OF MOTHER Saluda  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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.