

(1) PLACE OF BIRTH

County of Union

Township of Union

Incl. Town of Union

City of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**20364**

Registration District No. 42-A Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Mary R. 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 8, 1922  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Lock Smith

(9) PRESENT POSTOFFICE OF FATHER Union SC.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Kentucky

(13) OCCUPATION mill operator

(14) Number of children born to father, including present birth 1

MOTHER  
(14) NAME BEFORE MARRIAGE Marion Hutton

(15) PRESENT POSTOFFICE OF MOTHER Union SC.

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

(18) BIRTHPLACE Georgia

(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 alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theodore Maddox

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union SC.

Given name added from a supplemental report

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

(27) Filed 7-10-1922 (28) J. J. Jarratt 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.

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N. B.—In case of twins or triplets use a separate blank for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B.—In case of stillbirths, when the child is not yet named, make supplemental report as directed.