

(1) PLACE OF BIRTH

County of BambergTownship of Bamberg

or

Inc. Town of Bamberg

or

City of Bamberg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13685

Registration District No. 4ARegistered No. 21

(For use of Local Registrar)

(No. 21 St.; 21 Ward)

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

(2) Full Name of Child James Smith

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married no

(7) DATE OF BIRTH

May 20 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(11) AGE AT LAST BIRTHDAY

(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Selma Smith(15) PRESENT POSTOFFICE OF MOTHER Bamberg(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Bamberg(19) OCCUPATION Cook(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Bamberg M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marcella Smith(24) State, whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg

Give name added from a supplemental report

(26) Witness

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

(27) Filed 5/22 1922

(28)

(29) John Coover 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.