

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston(No. Baker Saints 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 Eleanor Elsie Smith

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

3) BOY OR GIRL girl 4) Twin or Triplet? 1 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 23 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Harry Arthur Smith9) PRESENT POSTOFFICE OF FATHER Charleston S. C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 25  
(Year)12) BIRTHPLACE La delphia Penn.13) OCCUPATION no14) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Laura Belle Jordan15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 22  
(Year)18) BIRTHPLACE Rocky Mount - N. C.19) OCCUPATION Domestic21) 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 5:40 P. M.,  
on the date above stated. (Born live or stillborn) Hour A. M. or P. M.)(23) (Signature) G. R. Peterson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/29 1922

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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