

1) PLACE OF BIRTH

County of *Spottsylvania*
 Township of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16637

or Town of *Spotsylvania* Registration District No. *40-a* Registered No. *227*
 or (For use of Local Registrar)
 of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child.

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

BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *May 22 1911*
 (Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY *16*
 (Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

MOTHER.

(17) AGE AT LAST BIRTHDAY *16*
 (Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) *Louisa Smith*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

6-1-22 191 *22* *Jas Cooper* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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