

(1) PLACE OF BIRTH

County of *Citron*Township of *Langley*or
Inc. Town of *O.C.*or
City of *Jordanstown*

(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

40665

Registration District No. *V. 1. 7. 9*Registered No. *122*

(For use of Local Registrar)

(2) Full Name of Child *Mildred Smith* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl*(4) Twin or triplet? *no*(5) Number in order of birth *24*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. S. Smith

(9) PRESENT POSTOFFICE OF FATHER

Langley O.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43

(Years)

(12) BIRTHPLACE

Langley O.C.

(13) OCCUPATION

Cotton Mill

(20) Number of children born to mother, including present birth

24

MOTHER.

(14) NAME BEFORE MARRIAGE

Garnice Youngblood

(15) PRESENT POSTOFFICE OF MOTHER

Langley O.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Langley O.C.

(19) OCCUPATION

House wife

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

24

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *5* *9* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. H. H.*

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

*Physician**Langley O.C.*

Given name added from a supplemental report

..... 191....

Registrar

(26) Witness

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

(27) Filed *19 Dec 1922*(28) *L. W. Spradley*(29) *L. W. Spradley*

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.

MAY

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