

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

40665

County of Citron

Township of Lansey

or Inc. Town of O.C.

or City of Jordanstown

Registration District No. V.1.7A Registered No. 122

(For use of Local Registrar)

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

(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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9 1922 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME A. S. Smith

(14) NAME BEFORE MARRIAGE Jamie Youngblood

(9) PRESENT POSTOFFICE OF FATHER Lansley O.C.

(15) PRESENT POSTOFFICE OF MOTHER Lansley O.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Lansley O.C.

(18) BIRTHPLACE Lansley O.C.

(13) OCCUPATION Cotton Mill

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living including present birth 5

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. H. H.

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

Physician Lansley O.C.

Given name added from a supplemental report

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

(27) Filed 19 Dec 1922 (28) 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.

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

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