

(1) PLACE OF BIRTH

County of Lexington
 Township of Gilbert Hall
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 9107

File No.—For State Registrar Only

4913

Registered No. 10
 (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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jessie Smith
 (9) PRESENT POSTOFFICE OF FATHER Gilbert, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Alma Smith
 (15) PRESENT POSTOFFICE OF MOTHER Gilbert, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) P. A. Smith, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gilbert, S.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

(28) P. O. Shocley
 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.

MAINTAIN RECORDS OF BIRTHS, DEATHS, AND MARRIAGES IN A PERMANENT RECORD.

WHITES PLAINLY, NEGROES DARKLY. IN CASE OF TWINS OR TRIPLETS, GIVE EACH CHILD'S NAME, SEX, AND DATE OF BIRTH, AND STATE THE ORDER OF BIRTH. IN CASE OF STILLBIRTH, GIVE DATE OF DEATH, SEX, AND PLACE OF BIRTH. IN CASE OF MARRIAGE, GIVE DATE, PLACE, AND NAMES OF THE PARTIES.