

## 1) PLACE OF BIRTH

County of Anderson  
 Township of Piedmont  
 Inc. Town of Piedmont  
 City of Piedmont

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2977

Registration District No. 3 B Registered No. 9  
 (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 Mary Smith

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

3) SEX OF CHILD Female 4) Twin or Triplet? No 5) Number in order of birth 1  
 To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH Feb 24, 1922  
 (Name of Month) (Day) (Year)

8) FATHER'S FULL NAME J. E. Smith9) PRESENT POSTOFFICE OF FATHER Piedmont10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 40 (Years)12) BIRTHPLACE N.C.13) OCCUPATION Textile Worker14) Number of children born to mother, including present birth 615) MOTHER'S FULL NAME Minnie Jenkins16) PRESENT POSTOFFICE OF MOTHER Piedmont17) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 35 (Years)19) BIRTHPLACE N.C.20) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) S. S. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwives & Pednurs S.C.

Given name added from a supplemental report

(26) Witness J. E. Smith (Signature of Witness necessary only when question 23 is signed by mother)

(27) Date Feb 27, 1922 (28) Local Registrar S. S. [Signature]

If there was no attending physician or midwife, then the father, householder, etc., should make this return as child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MAGNIN REPRODUCED FOR BIRTHING.

WRITE PLAINLY, WITH UNFADING INK—THIS FORM MUST BE FILLED OUT BY THE ATTENDING PHYSICIAN OR MIDWIFE.

In Home case of TWINNING OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD. No. 2, 1918, in question 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S.C.