

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Stone Path

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28796

Inc. Town of ..... Registration District No. 307 Registered No. 116  
 or ..... (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (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?

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(None of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Ellie Smalley

(14) NAME BEFORE MARRIAGE

Ethel Richey

(9) PRESENT POSTOFFICE OF FATHER

Stone Path S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Stone Path

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY

20 (Years)

(16) COLOR OR RACE

black

(17) AGE AT LAST BIRTHDAY

19 (Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farming

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

I. A. Kerrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Stone Path

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept. 30 1922

(28)

Jessie D. Williams  
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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