

## (1) PLACE OF BIRTH

County of LexingtonTownship of Willoughbyor  
Inc. Town of .....or  
City of .....

(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

Registration District No. 3107

File No. — For State Registrar Only

43521Registered No. 96

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Simon Smith(9) PRESENT POSTOFFICE OF FATHER Lexville S.C. R.F.D. No 1(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Lexington County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Clara Bertha Smith(15) PRESENT POSTOFFICE OF MOTHER Lexville S.C. R.F.D. No 1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION House-wife(21) 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 alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. Sidney Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexville 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) Local Registrar P.O. Shealy

\*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.

Local Registrar

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