

(1) PLACE OF BIRTH

County of GeorgetownTownship of Johns River

Inc. Town of

City of

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

(2) Full Name of Child Charles Willis Smith

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

3) BOY OR GIRL boy 4) Twin or Triplet? - 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH 4/27/1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Willis Guy Smith9) PRESENT POSTOFFICE OF FATHER Pauline SC10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 23
(Year)12) BIRTHPLACE Pauline SC13) OCCUPATION farmer20) Number of children born to mother, including present birth one

MOTHER.

14) NAME BEFORE MARRIAGE Vernore Skinner15) PRESENT POSTOFFICE OF MOTHER Pauline SC16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 23
(Year)18) BIRTHPLACE Enoree SC19) OCCUPATION housewife21) 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 born alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) A.C. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pauline SC

When name added from a supplemental report

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

(27) Filed May 5 1922 (28) Mr. J. C. White 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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