

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Frederic  
 or  
 Inc. Town of Jacksonboro S.C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33893

Registration District No. 1410Registered No. 14  
(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 Martha Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 4 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edick Smith  
 (9) PRESENT POSTOFFICE OF FATHER Jacksonboro S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Jacksonboro S.C.  
 (13) OCCUPATION Common Laborer  
 (20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Powell  
 (15) PRESENT POSTOFFICE OF MOTHER Jacksonboro S.C.  
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Jacksonboro S.C.  
 (19) OCCUPATION Common Laborer  
 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was a live at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Manulsguett  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 1922 (28) L. C. Padgett 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, Columbia, S. C.