

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 If, 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Larson
 Township of Cross Hill
 OF
 Inc. Town of Cross Hill
 OR
 City of

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

Registration District No. 2900

File No.—For State Registrar Only

15579

Registered No. 14
 (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 Jenener 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 May 14 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Smith
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill SC
 (10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Cross Hill
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ligger Pimmerson
 (15) PRESENT POSTOFFICE OF MOTHER Cross Hill SC
 (16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Cross Hill
 (19) OCCUPATION farmer 5'
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jenener Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 16 1922 (28) D. B. Brown 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.

(27) Filed May 16 1922 (28) D. B. Brown Local Registrar

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