

(1) PLACE OF BIRTH

County of Marlboro
 Township of Adamsville
 OR
 Inc. Town of.....
 OR
 City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 3300

File No. — For State Registrar Only

43691Registered No. 62
(For use of Local Registrar)

(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 Howard Smith

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Thomas
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 54
 (Years)
 (12) BIRTHPLACE Marlboro Co SC
 (13) OCCUPATION Miller

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Marlboro Co. SC
 (19) OCCUPATION W.

(20) Number of children born to mother, including present birth 3(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 born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Howard Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bennettsville

Given name added from a supplemental report

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

(27) Filed Dec 30 1922 (28) A. L. Hester 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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