

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

13567

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child

Elizabeth Smith

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

(3) ~~Sex~~  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER

(9) FULL  
NAME(10) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)19 \_\_\_\_\_  
Registrar

(27) Date

June 6, 1922

(28) Local Registrar

Mrs. P. R. Smith

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.

Died 17 1/2