

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamston

inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20845

Registration District No. 3BRegistered No. 41

(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 Martin Smith

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

3 BOY OR GIRL? girl

4 Twin or Triplet?

5 Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 20, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

J. H. Loeis

9 PRESENT POSTOFFICE OF FATHER

Piedmont SC KA2

10 COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39  
(Years)

12 BIRTHPLACE

S.C.

13 OCCUPATION

Farming

20 Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Smith

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont SC KA2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

3  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, .....

at 9:30 P. M.,  
(Born alive or stillborn) (Hour, M. or P. M.)

on the date above stated.

(23) (Signature) J. H. Campbell

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Piedmont

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 11, 1922(28) J. S. Fleming

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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