

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.

MOGAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richmond Co.</u>		STATE OF SOUTH CAROLINA		17268	
Township of <u>Sumner Hill</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>10.4</u>		Registered No. <u>45</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Luther Smith</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Moses Smith</u>			(14) NAME BEFORE MARRIAGE <u>Walter Robinson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Irma St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Irma St.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>3.6</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>2.9</u> (Years)		
(12) BIRTHPLACE <u>Richmond Co.</u>			(18) BIRTHPLACE <u>Anderson Co.</u>		
(13) OCCUPATION <u>Farming & Labor</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Irma St.</u> M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Luther Smith</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Irma St.</u>					
Given name added from a supplemental report			(28) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>7/5</u> 19 <u>22</u> (29) <u>J. M. P. H.</u> Local Registrar.		
19			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.