

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.

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(1) PLACE OF BIRTH

County of Laurens
Township of Sullivan
OR
Inc. Town of Gray Court
OR
City of (No. 4)

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

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

File No.—For State Registrar Only

35273

Registration District No. 2906 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child Howard Lee Smith

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard Smith
(9) PRESENT POSTOFFICE OF FATHER gray court N. Y. 14
(10) COLOR OR RACE Col negro (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Laurens S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Frank
(15) PRESENT POSTOFFICE OF MOTHER gray court N. Y. 14
(16) COLOR OR RACE Col negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Laurens S. C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Mary Fowler
(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Gray court S.C.

Given name added from a supplemental report

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

(27) Filed Oct 20, 1922 (28) Mr. S. Sullivan 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.