

Form No. 1

(1) PLACE OF BIRTH

County of McCormick

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19413

Registration District No. 4504

Registered No.

(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 Emmie Smith

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

3 SEX OF CHILD

Girl

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

5 Number in order of birth

6 Are Parents Married?

yes

(7) DATE OF

BIRTH June 22 1922
(Month) (Day) (Year)

8 FULL NAME

Chas Smith

FATHER.

9 PRESENT POSTOFFICE OF FATHER

.....

10 COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

27
(Years)

12 BIRTHPLACE

Abbeville Co S.C.

13 OCCUPATION

Farm hand

20 Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Bessie Smith

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

.....

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Abbeville Co S.C.

(19) OCCUPATION

Farm hand

(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 alive at 5-P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nelle Belcher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21 1922 (28) D. J. McClellan 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.

MARGIN HERE: END FOLD HERE: WHITE PLAINLY. WITH READING ENTAILER IS A PERMANENT RECORD. 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. MARY OF COLUMBIA, COLUMBIA, S. C.