

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
 Township of # 9
 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

39516

Registration District No. 3400 Registered No. 114
 (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 Frank Schmitt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Schmitt
 (9) PRESENT POSTOFFICE OF FATHER Prosperity SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 (Year) (12) BIRTHPLACE Newberry SC
 (13) OCCUPATION Fanner
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Cannon
 (15) PRESENT POSTOFFICE OF MOTHER Prosperity SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37
 (Year) (18) BIRTHPLACE Wadberry SC
 (19) OCCUPATION Housewife
 (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 alive at 11 a. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter B. B. B.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosperity SC

Given name added from a supplemental report

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

(27) Filed Nov. 27, 1922 (28) W. T. Spivey
 Registrar 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 RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS 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.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.