

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

23800

Registration District No. 40-A Registered No. 305

(For use of Local Registrar)

(No. 324 N. Church St.; 5 Ward)

(2) Full Name of Child Robert Smith Jr.

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

3) BOY OR GIRL

4) Twin or Triplet?

5) Number in order of birth 1

6) Are Parents Married? yes

7) DATE OF

BIRTH June 22 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Robert Smith

9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

40 (Years)

12) BIRTHPLACE

Belton S.C.

13) OCCUPATION

Salesman

MOTHER.

14) NAME BEFORE MARRIAGE

May Greer

15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

16) COLOR OR RACE

W

17) AGE AT LAST BIRTHDAY

30 (Years)

18) BIRTHPLACE

Spartanburg S.C.

19) OCCUPATION

at Home

20) Number of children born to mother, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

8-1-1922

(28)

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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