

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.

(1) PLACE OF BIRTH

County of S. C. Asheville  
Township of Magnolia  
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

40543

Registration District No. 109 Registered No. 115  
(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 William Allen Smith 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 100 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 3, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Allen Smith</u>	(14) NAME BEFORE MARRIAGE	<u>Hannie Allen</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Calhoun Falls, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Calhoun Falls, S. C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>20</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>21</u> (Years)
(12) BIRTHPLACE	<u>Asheville Co</u>	(18) BIRTHPLACE	<u>Asheville Co</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sallie Campbell  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar  
(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec. 9, 1922 (28) H. L. Spencer 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.