

(1) PLACE OF BIRTH

County of Anderson
Township of Hall
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
17529

Registration District No. 206 Registered No. 64
(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 Maryna Smith (If child is not yet named, make supplemental report as directed)

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

FATHER. (14) NAME BEFORE MARRIAGE George Adams
8. FULL NAME Andrew Smith MOTHER. Ira

9. PRESENT POSTOFFICE OF FATHER Ira 15. PRESENT POSTOFFICE OF MOTHER Ira

10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 38 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 28

12. BIRTHPLACE Anderson Co 18. BIRTHPLACE Abbeville Co

13. OCCUPATION Farming 19. OCCUPATION Farming

20. Number of children born to mother, including present birth 4 21. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Easter Register (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ira

Given name added from a supplemental report

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

(27) File June 7 1922 (28) D. M. McAdams 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.