

(1) PLACE OF BIRTH

County of LexingtonTownship of 11Inc. Town of orCity of (No.)

(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

31184

Registration District No. 3109 Registered No. 101

(For use of Local Registrar)

(2) Full Name of Child Bernice Clarke Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 24 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ollie Smith(9) PRESENT POSTOFFICE OF FATHER Lexington, SC Rt 5(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE

Lex Co

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Lee(15) PRESENT POSTOFFICE OF MOTHER Lexington, SC Rt 5(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE

Lex Co

(19) OCCUPATION

Domestic(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 born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Mathias

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

8/31/44 101...J. A. R. Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9 1922 (28) Mrs. C. E. Taylor 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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