

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Wilmer 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? no(7) DATE OF BIRTH Nov 29 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Alvin Smith(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE Wet (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Hunt(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. L. Campbell

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

Physician Piedmont

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

(27) Filed Nov 30 1922 (28) L. D. Bell Local Registrar

Given name added from a supplemental report

..... 191.....

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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