

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Pacolet
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution give name of institution instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.
22 050415
Registrar Only

Registration District No. 4008 Registered No. 348
(For use of Local Registrar)
No. EDWARDS St. Ward
(2) Full Name of Child... Albert Edward Smoak { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 14 22</u> (Name of Month) (Day) (Year)
FATHER. <u>SMOAK</u>			MOTHER. <u>Edwards</u>	
(8) FULL NAME <u>Bernice A Smoak</u>			(14) NAME BEFORE MARRIAGE <u>Bernice Edwards</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Whitstone S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Whitstone S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>S.C.</u>		
(20) Number of children born to mother, including present birth { <u>2</u> }		(19) OCCUPATION <u>Domestic</u>		
(21) Number of children of this mother now living, including present birth { <u>2</u> }		(22) 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 ... white ... at ... 1 14 22 ... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. H. Harrison
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report
See affidavit
9/19/22 M. B. W.
191...
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1-1-1924 (28) Mrs. E. J. Parick
Local Registrar

*When there was no al a child breathes even

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etc., should make this return. If red of stillbirths before the