

## (1) PLACE OF BIRTH

County of FlorenceTownship of Timber X Road

or

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18604

Registration District No. 2.005 Registered No. 19

(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 Richard Charles Smith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Jan 22, 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

Earle E. Smith

(9) PRESENT POSTOFFICE OF FATHER

Empireville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Empireville, S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha E. Smith

(15) PRESENT POSTOFFICE OF MOTHER

Empireville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Florence, S.C.

(19) OCCUPATION

Housewife

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

3

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 22, 1922(28) W. G. Thompson Local Registrar

When there was no attending physician or midwife, when 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.

NATURAL RUBBERED FOR BINDING. WHITE PLAINLY. WHEN CREATING ENK-THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1 THE OTHER, No. 2, etc., in question 5. MEDICAL COLUMBIA, COLUMBIA, S. C.