

(1) PLACE OF BIRTH

County of Spencer
 Township of Spencer
 or
 Inc. Town of _____
 or
 City of _____

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3507

File No. - For State Registrar Only

12261

Registered No. 39
 (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 Jonie Ruth Smith

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? X

To be answered only in event of Twin or Triplets

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH March 23, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph A. Smith

(9) PRESENT POSTOFFICE OF FATHER Spencer, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE In Anderson Co., S.C.

(13) OCCUPATION Teacher

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

MOTHER.

(14) NAME BEFORE MARRIAGE Cornie Jane Peterson

(15) PRESENT POSTOFFICE OF MOTHER Spencer, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE In Anderson Co., S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spencer, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/10/22

(28) J. C. Hopkins 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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