

Form No. 1

(1) PLACE OF BIRTH

County of IslandtonTownship of Bostonor
Inc. Town ofor
City of

(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

41846

Registration District No. 14.8.3. Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>17</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John W. Smoak(9) PRESENT POSTOFFICE OF FATHER Islandton S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Salena Inabnett(15) PRESENT POSTOFFICE OF MOTHER Islandton S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. C. Inabnett(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Islandton S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 1, 1923 (28) Mrs. L. M. Godley
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.