

FORM NO. 7. 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.

N. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Darwin  
Township of Center  
or  
Inc. Town of .....  
or  
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 Use Only

23332

Registration District No. 2500 Registered No. 95  
(For use of Local Registrar)

(2) Full Name of Child. Unnamed Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Henry Smith  
(9) PRESENT POSTOFFICE OF FATHER Hartman P. I.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 51 (Years)  
(12) BIRTHPLACE Pa.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 10

MOTHER.  
(14) NAME BEFORE MARRIAGE Maude Jane Chapell  
(15) PRESENT POSTOFFICE OF MOTHER Hartman  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)  
(18) BIRTHPLACE Pa.  
(19) OCCUPATION House Wife  
(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Strickland  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hartman

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 22 1922 (28) A. P. Martin 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.

Registrar  
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