

(1) PLACE OF BIRTH

County of SummervilleTownship of CharlestonInc. Town of SummervilleCity of Summerville

(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

4302

Registration District No. 22 B Registered No. 7

(For use of Local Registrar)

St.; Ward)

(No.)

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

2) Full Name of Child Roby Helen Smith

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 18 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME R. Smith(9) PRESENT POSTOFFICE OF FATHER Summerville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Superior Work(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Miss West(15) PRESENT POSTOFFICE OF MOTHER Summerville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) 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 at Summerville (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/101912

(28)

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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