

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38570

County of RichmondTownship of Springor
Inc. Town of Greenvilleor
City ofRegistration District No. 2204Registered No.
(For use of Local Registrar)(No. 4-Miller 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 Mary Smith

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

3) BOY OR
GIRL? X4) Twin X
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 1st(6) Are
Parents
Married? No(7) DATE OF
BIRTH Sept 15, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME James Robinson9) PRESENT
POSTOFFICE
OF FATHER Greenville(10) COLOR
OR
RACE Black(11) AGE AT LAST
BIRTHDAY 30
(Year)(12) BIRTHPLACE Greenville(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Louise Smith(15) PRESENT
POSTOFFICE
OF MOTHER Greenville(16) COLOR
OR
RACE Black(17) AGE AT LAST
BIRTHDAY 30
(Year)(18) BIRTHPLACE Greenville(19) OCCUPATION A Servant(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 at 1:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lila Smith(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness John C. Baker(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar(27) Filed 10

(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.

MARGIN RESERVED FOR MEMORANDUM. WITH PLACES FOR INITIALS OF REGISTRAR AND PHYSICIAN OR MIDWIFE. SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MARGIN OF COLUMN, COLUMN, 5, 6.