

## (1) PLACE OF BIRTH

County of OrangeburgTownship of at

OR

Inc. Town of Orangeburg

OR

City of Orangeburg

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31566

Registration District No. 36-aRegistered No. 141

(For use of Local Registrar)

(No. 47 Meeting St)

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

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

(3) BOY OR GIRL girl(4) Twin or Triplet? X(5) Number in order of birth 1st(6) Are Parents Married? no(7) DATE OF BIRTH Sept 17, 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Smith

(9) PRESENT POSTOFFICE OF FATHER Orangeburg

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Orangeburg

(13) OCCUPATION Solemn

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Eva Ciff

(15) PRESENT POSTOFFICE OF MOTHER 47 Meeting St

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23 (Year)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION Mill Hand

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A.M. or P.M.) 3:30 P.(23) (Signature) H. D. Schuppert(24) State where Physician or Midwife(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct-7-1922(28) W. H. Schuppert 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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