

## (1) PLACE OF BIRTH

County of *York*Township of *Kings Mtn.*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 Registrar Only

32770

Registration District No. *44.2.7* Registered No. *93*

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

to be assigned only in case of twins or triplets

(6) Are Parents Married? *No*

(7) DATE OF BIRTH

*Sept. 18, 1922*  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

*Unknown*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

*1*

(14) NAME BEFORE MARRIAGE

MOTHER

*Bertine Adams*

(15) PRESENT POSTOFFICE OF MOTHER

*Chambers*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

(Years)

*22*

(18) BIRTHPLACE

*York Co.*

(19) OCCUPATION

*Cook*

(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 *alive* at *5:30 P.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. H. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Chambers*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Oct. 7, 1922*

(28)

*C. H. Smith*

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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