

Form No. 1

(1) PLACE OF BIRTH

County of

Jasper

Township of

Gilman

No. Town of

Gilman

City of

Day of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

*2661*No. for this Register only
32733Registered No. *58*
(For use of Local Registrar)

(No. of Street) (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

Martha Croyles Smith

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

SEX

girl

(4) Type of Twin

✓

(5) Number in order of birth

1

(6) Is child living

yes

(7) DATE OF BIRTH

*Oct 22**1923*

(Month) (Day) (Year)

FATHER

NAME

William Henry Smith

RESIDENT ADDRESS OF FATHER

Gilman, S.C.

COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

44

(Years)

BIRTHPLACE

Whitehall, S.C.

OCCUPATION

Tog Dealer

Number of children born to mother, including present birth

10

MOTHER

(14) NAME BEFORE MARRIAGE

Carrie Jane Spiller

(15) RESIDENT ADDRESS OF MOTHER

Gilman, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Bluffton, S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* *at 2 P.M.* on the date above stated. (born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Robt. E. Mays

(24) State whether Physician or Midwife

Gilman, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

*Oct 30**1923*

(27) Local Registrar

R. J. W. Robertson

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.