

(1) PLACE OF BIRTH

County of MecklenburgTownship of # 5

or Inc. Town of

City of

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

File No.—For State Registrar Only
35757

Registration District No. 34.0.9 Registered No. 30
 (For use of Local Registrar)

(No. 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 Ethel Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 4 1922
 (Name of Month) (Day) (Year)

FATHER:
 (8) FULL NAME Robert Smith
 (9) PRESENT POSTOFFICE OF FATHER Hammonds R C
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Laurens Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER:
 (14) NAME BEFORE MARRIAGE Mary Martin
 (15) PRESENT POSTOFFICE OF MOTHER Hammonds R C
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Laurens Co
 (19) OCCUPATION Farming
 (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 Alive at 5: A.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) George Michael (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Hammonds R C

Given name added from a supplemental report
 (26) Witness L. R. Miller
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 5 1922 (28) L. R. Miller 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.

BEFORE THE FIFTH MONTH OF PREGNANCY