

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville

or
Inc. Town of _____
or
City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child. William Joel Smith Jr. } 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Joel Smith
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Abbeville S.C.
(13) OCCUPATION Merchant
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Wilkes
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Lawrens S.C.
(19) OCCUPATION Housewife
(20) 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 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed June 12 1922 (28) Mrs. L. J. McCallister 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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