

(1) PLACE OF BIRTH

County of Ballston....Township of Wasson....

Inc. Town of.....

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

No. 10.—For State Registrar Only

812

Registration District No. 1910Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Garvin Thomas

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

(3) SEX OR
CHILDboy(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth11(6) Are
Twin
MarkedYes(7) DATE OF
BIRTHJan 2, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJames Melvin Smoore(9) PRESENT
POSTOFFICE
OF FATHERSmoores, S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Smoores S.C.

(13) OCCUPATION

Farmer(14) Number of children born to
mother, including present birth11

MOTHER.

(14) NAME BEFORE
MARRIAGEMinnie May Kimmel(15) PRESENT
POSTOFFICE
OF MOTHERSmoores S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY 46
(Years)

(18) BIRTHPLACE

Smoores S.C.

(19) OCCUPATION

House wife(21) Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Smoores S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Jan 4, 1923

(28)

Mathe Kinney
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.*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1

Bureau of Statistics, Columbia, S. C.