

MARGIN RESERVED FOR SENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Use in case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Blacksburg
 Township of Blacksburg
 or
 Inc. Town of
 or
 City of (No. Ward)

CERTIFICATE OF BIRTH

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

No. 3360—For State Registrar Only

Registration District No. 1101 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number to order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>6-6-1948</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James P. Smith</u>			(14) NAME BEFORE MARRIAGE <u>James P. Smith</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Blacksburg</u>			(18) PRESENT POST OFFICE OF MOTHER <u>Blacksburg</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>45</u> (Year)	
(12) BIRTHPLACE <u>Blacksburg</u>			(15) BIRTHPLACE <u>Blacksburg</u>	
(13) OCCUPATION <u>Teacher</u>			(16) OCCUPATION <u>Teacher</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6-2 M. on the date above stated. (Keep alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James P. Smith
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Blacksburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
3/5-22
 (27) Filed 3/5-22 (28) Local Registrar
E. Cornell

When made by an attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.