

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

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of ...Spartanburg.. S.C..

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only
20088

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

Registration District No. 402 Registered No. 286
(For use of Local Registrar)

(No. County Hospital.....St.;Ward)

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

(3) BOY OR GIRL? M (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 35 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8, 22, 19
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman F. Smith

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Foster

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive.....at 7.30 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. A. Wallace, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7-1-1922 (28) Jas Copes
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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