

## (1) PLACE OF BIRTH

County of Oberlin  
 Township of Goudswill  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3569

Registration District No. 1002 Registered No. 3  
 (For use of Local Registrar)

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

(2) Full Name of Child. Harbour Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? no (7) DATE OF BIRTH Jan 26 22  
 To be answered only in case of Twins or Triplets (Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lee Foster  
 (9) PRESENT POSTOFFICE OF FATHER Wilkinsville  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Oberlin SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Eric Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Wilkinsville  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Oberlin SC  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gane Foster (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wilkinsville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

Sam J. Thayer Registrar

(27) Filed Mar 2 1922 (28) Sam J. Thayer 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN ALL CASES OF CHILDREN, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FILE NUMBER, NO. 1, FILE OTHER, NO. 2, ETC., IN QUESTION 5.  
 BUREAU OF VITAL STATISTICS, S. C.