

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Sheldon
 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

29783

Registration District No. 1409 Registered No. 34
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 17 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Frank Smith
 9) PRESENT POSTOFFICE OF FATHER Collinsville SC
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 30
 (Years)
 12) BIRTHPLACE SC
 13) OCCUPATION Labourer

MOTHER.

14) NAME BEFORE MARRIAGE Mary F. Smith
 15) PRESENT POSTOFFICE OF MOTHER Collinsville SC
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 25
 (Years)
 18) BIRTHPLACE SC
 19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mariah Tracy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Collinsville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 18 1922 Alvin W. Coker 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.