

MARGIN RESERVED FOR BINDING.

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.

MEDICAL COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lainfield
 Township of 18
 or
 Inc. Town of Sho the
 or
 City of SE

(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

File No.—For State Registrar Only

34312

Registration District No. 18 Registered No. 54
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child J. E. Smith

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

(3) BOY OR GIRL 13 (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 18, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. E. Smith
 (9) PRESENT POSTOFFICE OF FATHER Sho the
 (10) COLOR OR RACE 13 (11) AGE AT LAST BIRTHDAY 22
 (Year) 1900
 (12) BIRTHPLACE SE
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Genie Miller
 (15) PRESENT POSTOFFICE OF MOTHER Sho the
 (16) COLOR OR RACE 13 (17) AGE AT LAST BIRTHDAY 20
 (Year) 1902
 (18) BIRTHPLACE SE
 (19) OCCUPATION Wife
 (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 at home on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary G. G. G.

(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 Nov 1, 1922 (28) C. P. R. G. 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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