

Form No. 6

MARGIN RESERVED FOR BINDING.

WHITE 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.

MECHANICAL COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Lainfield  
 Township of 15  
 or  
 Inc. Town of Sto. the st  
 or  
 City of SC  
 (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. 15 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?  (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Oct 18 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME J. E. Smith  
 (9) PRESENT POSTOFFICE OF FATHER Sto. the  
 (10) COLOR OR RACE 13 (11) AGE AT LAST BIRTHDAY 22  
 (Year)

(12) BIRTHPLACE SC  
 (13) OCCUPATION Miner

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Genie Miskin  
 (15) PRESENT POSTOFFICE OF MOTHER Sto. the  
 (16) COLOR OR RACE 13 (17) AGE AT LAST BIRTHDAY 20  
 (Year)

(18) BIRTHPLACE SC  
 (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 Sto. the on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 A. M.

(23) (Signature) Mary Galt  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sto. the SC

Given name added from a supplemental report

..... 19 .....

Registrar

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

(27) Filed Nov. 1. 1922 (28) Chas. R. Galt 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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