

(1) PLACE OF BIRTH

County of Saluda Co
 Township of Norris
 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

36318

Registration District No. 3003 Registered No. 26
 (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

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

(3) BOY OR GIRL Boy (4) born or adopted? (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 15 1922
 (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>W. H. Bopier</u>		(14) NAME BEFORE MARRIAGE	<u>S. J. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Balsburg</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Balsburg</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>White</u> <u>23</u> (Year)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>White</u> <u>22</u> (Year)
(12) BIRTHPLACE	<u>Saluda Co</u>		(18) BIRTHPLACE	<u>Saluda Co</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. W. Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda Co

Given name added from a supplemental report

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

(27) Filed Nov 12 1922 (28) R. L. Smith 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.

before the fifth month of pregnancy.

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.