

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
39564

(1) PLACE OF BIRTH

County of Darlington
Township of Tugaloo
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3503 Registered No. 158
(For use of Local Registrar)

(2) Full Name of Child Unnamed 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 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 4, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Simon F. Smith
(9) PRESENT POSTOFFICE OF FATHER Westminster R.S.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Addie Justice
(15) PRESENT POSTOFFICE OF MOTHER Westminster R.S.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 4 (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 Alive at 12:35 A.M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. A. Strickland
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Thos. J. D. D. D.
(27) Filed 10 (28) Local Registrar Thos. J. D. D. D.

*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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MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—PUN IN A PERMANENT RECORD. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.