CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
10169

(1) PLACE OF BIRTH
County of Calhoun
Township of .....
or
Inc. Town of St. Matthews
or
City of .....

Registration District No. 8-A Registered No. 17
(For use of Local Registrar)

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

(3) BOY OR GIRL? B
(4) Twin or Triplet? —
To be answered only in event of Twins or Triplets
(5) Number in order of birth —
(6) Are Parents Married? Yes
(7) DATE OF BIRTH April 7 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. Hardy Smoak
(9) PRESENT POSTOFFICE OF FATHER St. Matthews
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Edwards
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: St. Matthews

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 May 1st 1922 (28) A. R. Abe
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.