

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19196

County of LancasterTownship of Gills Creekor Inc. Town of Gills Creekor City of Gills Creek

(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) Twin 2 (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH June 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(3) FULL NAME John F. Smith (14) NAME BEFORE MARRIAGE John F. Smith  
 (3) PRESENT POSTOFFICE OF FATHER Smith (15) PRESENT POSTOFFICE OF MOTHER Lancaster, SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE Lancaster, SC (18) BIRTHPLACE Lancaster, SC  
 (13) OCCUPATION House Keeper (19) OCCUPATION House Keeper  
 (20) Number of children born to mother, including present birth 2 (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 Alice at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Adams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster, SC

Given name added from a supplemental report

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

(27) Filed June 22 1922 (28) 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.