

## (1) PLACE OF BIRTH

County of

Township of

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.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35548

Registration District No. 3705

Registered No. 88  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH July 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lennie Smith

(9) PRESENT POSTOFFICE OF FATHER

Mullins Rd

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

23  
(Year)

(12) BIRTHPLACE

Marion County, Ga

(13) OCCUPATION

Farm work

## MOTHER.

(14) NAME BEFORE MARRIAGE

Laura Crawford

(15) PRESENT POSTOFFICE OF MOTHER

Mullins Rd

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23  
(Year)

(18) BIRTHPLACE

Marion County, Ga

(19) OCCUPATION

House &amp; farm work

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

3

(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, Born alive at 11:30 P.M.  
(Born alive or stillborn) (Hour, A.M. or P.M.)  
on the date above stated.

(23) (Signature)

J.H. Smith M.D.

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Mullins Rd

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

9/5/22

19

(28)

J.H. Smith M.D.  
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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