

(1) PLACE OF BIRTH

County of RichmondTownship of Northampton

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

25485

Registration District No. 12.05Registered No. 44

(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 not named

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH March 22 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. C. Smith(9) PRESENT POSTOFFICE OF FATHER Richmond S.C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Wilson(15) PRESENT POSTOFFICE OF MOTHER Richmond S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7(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 Richmond S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. J. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.