

4/27/43

U. S. Dept. of Commerce
Bureau of the Census

MARION HARTZOG SMOAK

16 092872

1. PLACE OF BIRTH

County of Aiken
Township of.....
or
Inc. Town of.....
or
City of Aiken

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 2-a Registered No.

FILE No.—For State Registrar Only

00123

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; Ward)

2. FULL NAME OF CHILD Marion Hartzog Smoak { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births { 4. Twin, triplet or other no 5. Number, in order of birth 2 6. Premature no Full term yes 7. Are Parents Married? yes 8. Date of birth July 8, 1916 (Month, day, year)

9. Full name William Moore Smoak FATHER

18. Name before marriage Marion Jewell Hartzog MOTHER

10. Residence (mailing address) Aiken, S.C. (If non-resident, give place and State)

19. Residence (mailing address) Aiken, S.C. (If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 35 (years)

20. Color or race White 21. Age at child's birth 33 1/2 (years)

13. Birthplace (city or place) Aiken County, S.C. (State or country)

22. Birthplace (city or place) Orangeburg County, S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House-keeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work April 28, 1943 17. Total time (years) spent in this work 38

25. Date (month and year) last engaged in this work April 28, 1943 26. Total time (years) spent in this work 33 1/2

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation no (months weeks) 29. Cause of stillbirth none Before labor no During labor no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 11 P m. on the date above stated. (Born alive ~~or stillborn~~)

(Signed) William M. Smoak, Parent

or....., Guardian

Address 1022 Newberry Street

Filed Apr. 29, 1943 M. B. Hartman Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)

date given
July 8, 1916