

(1) PLACE OF BIRTH

County of ColletonTownship of BellsInc. Town of Stokes S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29743

Registration District No. 1402 Registered No. 49

(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 Mavis June Smith If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 19 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Smith(9) PRESENT POSTOFFICE OF FATHER Stokes S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Year)(12) BIRTHPLACE Bamberg S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Myers(15) PRESENT POSTOFFICE OF MOTHER Stokes S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Ruffin S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Only one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Amelia Bingley(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 7 19 22 (28) J. P. Breland 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.