

(1) PLACE OF BIRTH

County of AlbiondaleTownship of WilsonIn 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

37041

Registration District No. 4605Registered No. 57

(For use of Local Registrar) Ward

(2) Full Name of Child Harriet Smart

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

November 24, 1922

(Year)

FATHER.

(8) FULL NAME

James Smart

(9) PRESENT POSTOFFICE OF FATHER

Luray S C

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Harriet S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Tillie Badger

(15) PRESENT POSTOFFICE OF MOTHER

Luray S C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S C

(19) OCCUPATION

Farmer's wife

(20) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at _____ M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Biana Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Luray S C R 1

Extra name added from a supplemental report

(26) Witness

J. D. Jordan

(27) Filed

Deer 1922

(28)

J. H. Rouse

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, before the fifth month of pregnancy.