Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
36885

(1) PLACE OF BIRTH

County of Abbeville

Township of Due West
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 126 Registered No. 73
(For use of Local Registrar)

(2) Full Name of Child _____ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? | (4) Twin or Triplet? 1 | (5) Number in order of birth 11 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH 11/19/1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. O'Smith

(9) PRESENT POSTOFFICE OF FATHER Donalds R C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Abb Co

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bolchee

(15) PRESENT POSTOFFICE OF MOTHER Donalds R C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Abb Co

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. R. Brewer M.D.

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

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Dec 7 1922 (28) J. H. Brock
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.