

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. P. Smith

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Dawkins

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION None

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. A. M. Moore (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when one is signed by mark)

(27) Filed OCT 24 1922 (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.

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