

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18686

Registration District No. 2103 Registered No. 24
 (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 Bertie Smith (If child is not yet named, make supplemental report as directed)

(3) SEX OR GUILD Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18, 1922
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 (8) FULL NAME Henry S. Sparkman Smith (14) NAME BEFORE MARRIAGE Minnie Graham
 (9) PRESENT POSTOFFICE OF FATHER Georgetown SC R#1 (15) PRESENT POSTOFFICE OF MOTHER Georgetown SC R#1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Georgetown Cong. SC (18) BIRTHPLACE Georgetown Cong. SC
 (13) OCCUPATION Teacher (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 4 (21) 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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. L. P. Smith (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Georgetown SC R#1

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed June 24, 1922 (28) W. H. Bailey Local Registrar

*When there was no attending physician or midwife, 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 sixth month of pregnancy.

IN CASE OF TWINNING OR TRIPLETTING, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, SECOND-BORN, ETC., IN QUESTION 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.