

THIS IS A PRELIMINARY 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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		9369	
Township of <u>Union</u>		Bureau of Vital Statistics			
Inc. Town of <u>Union</u>		State Board of Health			
City of <u>Union</u>		Registration District No. <u>42-A</u>		Registered No. <u>251</u>	
(If birth occurs in a hospital or other institution, give name of <u>St.</u> instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Hyatt C. Smith</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2/5/22</u>	
To be answered only in event of Twin or Triplet					
FATHER.			MOTHER.		
(8) Full Name <u>Clarence Smith</u>			(14) NAME BEFORE MARRIAGE <u>Peggy Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>27</u>		
(11) AGE AT LAST BIRTHDAY (Years) <u>27</u>			(18) BIRTHPLACE <u>Union Co S.C.</u>		
(12) BIRTHPLACE <u>Union S.C.</u>			(19) OCCUPATION <u>Domestic</u>		
(13) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>5:14</u> M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>D. H. Holloman</u>					
(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 question 23 is signed by mark)		
19 Registrar			(27) Filed <u>42-10-22</u> (28) Local Registrar <u>D. H. Sarratt</u>		
*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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