

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Zion  
 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  
**5373**

Registration District No. 3619 Registered No. 6  
 (For use of Local Registrar)

City of ..... (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 Hewelllyn Smoak (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH January 31, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hubert W. Smoak  
 (9) PRESENT POSTOFFICE OF FATHER Cordova, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Orangeburg County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Smoak  
 (15) PRESENT POSTOFFICE OF MOTHER Cordova, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
 (Years)  
 (18) BIRTHPLACE Orangeburg County  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 10 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. L. MacRae, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Cordova, S.C.

Given name added from a supplemental report

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

(27) Filed Feb-27-1922 (28) W. J. Hampton, Duke  
 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.

MARGIN HERE FOR BINDING

WHITE PLAINS, 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.

McCall of Columbia, Columbia, S. C.