

## (1) PLACE OF BIRTH

County of Charlottesville  
 Township of Charlottesville  
 or  
 the Town of Glendale  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16800

Registration District No. 4008 Registered No. 134  
 (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 Sophia Jane Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Silas Pinney Smith  
 (9) PRESENT POSTOFFICE OF FATHER Glendale  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40  
 (Years) (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Colleen mill operator

## MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Jane Sanford  
 (15) PRESENT POSTOFFICE OF MOTHER Glendale  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
 (Years) (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) William A. Smith M.D. (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Glendale SC

Given name added from a supplemental report

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

(27) Filed May 10, 1922 (28) E. F. Parker 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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