

U. S. Dept. of Commerce
Bureau of the Census

22 049266

1. PLACE OF BIRTH

County of Darlington
Township of Holly Hill
or
Inc. Town of Holly Hill
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3609

FILE No.—For State Registrar Only
00792

Registered No. 10
(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)

Lawton Wallace Smith, Jr.

{ If child is not yet named, make supplemental report as directed

2. FULL NAME OF CHILD

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature Full term 7. Are Parents Married? Yes 8. Date of birth Oct 2, 1922
(Month, day, year)

9. Full name Lawton Wallace Smith FATHER

18. Name before marriage Eileen Wall Sanders MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Holly Hill

19. Residence (mailing address) (If non-resident, give place and State) Holly Hill

11. Color or race: White 12. Age at child's birth 27 (years)

20. Color or race: White 21. Age at child's birth 25 (years)

13. Birthplace (city or place) (State or country) Holly Hill, S. C.

22. Birthplace (city or place) (State or country) Holly Hill, S. C.

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work 19.....

17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19.....

26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn

28. If stillborn, period of gestation..... { months weeks

29. Cause of stillbirth

{ Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 7 a. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

Registrar.

(Signed) Eileen Sanders Smith Parent
or _____, Guardian
Address Holly Hill, S. C.
Filed Dec 26, 1944 _____ Registrar.

12/15/44w free

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)