

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16450

Registration District No.

382

Registered No.

1559

(For use of Local Registrar)

(2) Full Name of Child

Eila May Smith

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

1

To be answered only in event of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 8th 1922

(Name of month) (Day) (Year)

(8) FULL NAME

William S. Smith

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Columbia SC

(13) OCCUPATION

Mechanic

(14) NAME BEFORE MARRIAGE

Maggie Lucas

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Columbia SC

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at

9 A.M.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

E. S. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

5/19

1922

(28)

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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