

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of *Regina*

STATE OF SOUTH CAROLINA.

16450

Bureau of Vital Statistics
State Board of Health

Township of *St. George*

or
Inc. Town of *St. George*

Registration District No. *38²*

Registered No. *1559*
(For use of Local Registrar)

City of *Columbia* (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 *Eula 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)

FATHER.
(8) FULL NAME *William S. Smith*

MOTHER.
(14) NAME BEFORE MARRIAGE *Magdalena*

(9) PRESENT POSTOFFICE OF FATHER *Columbia S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Columbia S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Years)

(12) BIRTHPLACE *Columbia S.C.*

(18) BIRTHPLACE *Columbia S.C.*

(13) OCCUPATION *Mechanic*

(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. J. ...*

(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)

191...
Registrar

(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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SOUTH CAROLINA DEPARTMENT OF HEALTH