

County of Washington
Township of Red Star
or
Inc. Town of
or
City of

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

14322

Registration District No. 1206 Registered No. 49
(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 Harley Francis 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 1, 1922
(Name of Month) (Day) (Year)

FATHER
3) FULL NAME *John Lee Brown*

9) PRESENT POSTOFFICE OF FATHER *Providence S.C.N.E.*

(10) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE S.C.

13. OCCUPATION
Trainer

20) Number of children born to mother, including present birth { 6

(6) Are Parents Married *yes* (7) DATE OF BIRTH *MAY 1 1922*
(Name of Month) (Day) (Year)

(14) NAME BEFORE MARRIAGE *Mattie Fennel*

(15) PRESENT POSTOFFICE OF MOTHER Peelburg S. C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE S.P.

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth { 6

(22) I hereby certify that I attended the birth of this child, who was female at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 1/24 19 22 (28) JW 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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