

Form No. 1

## (1) PLACE OF BIRTH

County of GeorgetownTownship of 7Inc. Town of OFCity of 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

28413

Registration District No. 2104 Registered No. 31

(For use of Local Registrar)

(No. Kiddick St.; Ward)(2) Full Name of Child Mary Magdalene Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Month, day, year) <u>10 23</u>
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## FATHER.

(8) FULL NAME Waymon Sampson(9) PRESENT POSTOFFICE OF FATHER Hemingway S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Georgetown Co(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Regenia Reddick(15) PRESENT POSTOFFICE OF MOTHER Plantersville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Georgetown Co(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Regenia Reddick(24) State whether Physician or Midwife (25) Address of Physician or Midwife Plantersville

Given name added from a supplemental report

(26) Witness Maud Harrell (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 17 1923 (28) Ed Ellis 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.

FOR USE OF TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Division of Statistics, Columbia, S. C.