

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of Centerville  
or  
Inc. Town of Centerville  
or  
City of Centerville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33036

Registration District No. 303

Registered No. 68  
(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.)

(2) Full Name of Child Walter Smith If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 3 25 19 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Smith  
(9) PRESENT POSTOFFICE OF FATHER Sandy Springs  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Year)  
(12) BIRTHPLACE Anderson Co. D.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Mina McCarty  
(15) PRESENT POSTOFFICE OF MOTHER Sandy Springs S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Year)  
(18) BIRTHPLACE Anderson Co.  
(19) OCCUPATION Domestic  
(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 Colored at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. W. Carroll  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sandy Springs

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by BRUCE CLAYTON)

(27) Filed 19 (28) ANDERSON 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.