

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35318

**(1) PLACE OF BIRTH**

County of York  
Township of Westminster  
or  
Inc. Town of .....

Registration District No. 3003 Registered No. S. 8  
(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** Gene M. Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 20 22</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER**

(8) FULL NAME Thomas M. Smith

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY 20  
(Years)

(12) BIRTHPLACE York

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

**MOTHER**

(14) NAME BEFORE MARRIAGE Gene M. Smith

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE York

(19) OCCUPATION Farmer

(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gene M. Smith  
(24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed Nov 5 1922 (28) Gene M. Smith 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.

ALSO REQUESTED FOR BINDING. WHITE 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. McAW OF COLUMBIA, COLUMBIA, S. C.