

Form No. 1

(1) PLACE OF BIRTH

County of Durham
 Township of Waller
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19619

Registration District No. 3309 Registered No. 64
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child South Clara 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 June 14 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Leuther Smith
 (9) PRESENT POSTOFFICE OF FATHER Waller
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Roberson Co. Ga
 (13) OCCUPATION Attorney at Law
 (20) Number of children born to mother, including present birth 18

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Jane Holbrook
 (15) PRESENT POSTOFFICE OF MOTHER Waller
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Roanoke
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Sloan M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waller St.

Given name added from a supplemental report

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

(27) Filed June 26 1922 (28) R. C. Lott 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.

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.