

## (1) PLACE OF BIRTH

County of SpokaneTownship of Confobello

or

Int. Town of .....

or

City of .....

(No. .... St.; .... Ward)  
(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

9108

Registration District No. 40.6.Registered No. 38

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 18, 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

Geo. W. Herbert

MOTHER.

(14) NAME BEFORE MARRIAGE

Emice M. Smith

(9) PRESENT POSTOFFICE OF FATHER

Confobello, S.C. R3

(15) PRESENT POSTOFFICE OF MOTHER

Confobello S.C. R3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

3

(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 Boysie at 5 a. M.,  
on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

Geo. E. Thompson

(25) Address of Physician or Midwife

Thurman

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mich. 12, 1922

(28) 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.