

(1) PLACE OF BIRTH

County of Anderson
 Township of Centerville
 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

3022

Registration District No. 303Registered No. 16
(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 Madison Smith

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

(3) BOY OR GIRL il(4) Twin or Triplet? ✓(5) Number in order of birth
To be answered only in event of Twins or Triplets ✓(6) Are Parents Married? ✓(7) DATE OF BIRTH Feb 20 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Kingston Smith(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. R43(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Madison Co. Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Rebecca Taylor(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. K. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10

(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.

before the fifth month of pregnancy.

LARGE PREPARED FOR BINDING.

WITH PLAINS, WHEN IN A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE FILE FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 8.

MEANS OF COLUMBIA, COLUMBIA, S. C.