

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Crutch  
 or  
 Inc. 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

205

Registration District No. 301Registered No. 1  
(For use of Local Registrar)(2) Full Name of Child Edith Sedell Smith

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 13, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. S. Smith  
 (9) PRESENT POSTOFFICE OF FATHER Eastly S.C. R.H. 3  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE Anderson Co S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sylvia O. Sumner  
 (15) PRESENT POSTOFFICE OF MOTHER Eastly S.C. R.H. 3  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Anderson Co S.C.  
 (19) OCCUPATION House work  
 (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 Alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mar. Hamblett Babo

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan. 12, 1922(28) J. R. Watson

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.

THIS IS ONE OF TWO OR THREE COPIES OF THIS FORM TO BE PREPARED FOR EACH CHILD, AND MARKED FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.