

OF THIS STATE USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charlotte
Township of Windsor
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

25338

Registration District No. 1002 Registered No. 36
(For use of Local Registrar)

(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 I. E. Smith {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 1 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME I. E. Smith
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY.....
(Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Marris Littlejohn
(15) PRESENT POSTOFFICE OF MOTHER Vilkinsville
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY.....
(Years)
(18) BIRTHPLACE Union County
(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 alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. E. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Vilkinsville

Given name added from a supplemental report

Sam J. Strain 1922
Registrar

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

(27) Filed Aug 10 1922 (28) Sam J. Strain
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.