

MARGIN RESERVED FOR BINDING.

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 8.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Volusia
Township of East
or
Inc. Town of East
or
City of East
(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

16336

Registration District No. 37-9

Registered No. 82
(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 Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 14 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Am T. Smyth
(9) PRESENT POSTOFFICE OF FATHER Early No
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE Denmark
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Anna Porter
(15) PRESENT POSTOFFICE OF MOTHER Early No
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)
(18) BIRTHPLACE Indiana
(19) OCCUPATION Domestic
(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 born alive or stillborn at East, S. C., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Reed W. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife East, 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 June 9 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.

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