

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

(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

10315

606

Registration District No. 9 A

Registered No. 606

(For use of Local Registrar)

(No. *Mary Maternity* Ward)(2) Full Name of Child *Isabel Smith*

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *X*(5) Number in order of birth *1*  
To be answered only in event of Twins or Triplets.(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*Apr 19 1922*  
(Name of Month) (Day) (Year)

(8) FULL NAME

*Ernest R. Smith*

FATHER

(9) PRESENT POSTOFFICE OF FATHER

*170 1/2 Smith Charleston*

(10) COLOR OR RACE

*W.*(11) AGE AT LAST BIRTHDAY *39*  
(Years)

(12) BIRTHPLACE

*Charleston S.C.*

(13) OCCUPATION

*Clark*

(14) NAME BEFORE MARRIAGE

*Isabel Reid*

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

*170 1/2 Smith Charleston*

(16) COLOR OR RACE

*W.*(17) AGE AT LAST BIRTHDAY *41*  
(Years)

(18) BIRTHPLACE

*St. Charles S.C.*

(19) OCCUPATION

*Wife*

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

*two*

(21) Number of children of this mother now living, including present birth

*two*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6 P.M.*  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *H. P. ...*(24) State *Physician*

(25) Address of Physician or Midwife

*Charleston 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 *4/20/22*(28) *J. M. ...*19  
Registrar

When there was no attending physician or midwife, then the father, householders, 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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