

Form No. 3

## (1) PLACE OF BIRTH

County of

Fairfield

Township of

13

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

Registration District No. 1912

File No.—For State Registrar Only

30100

Registered No. 14  
(For use of Local Registrar)

## (2) Full Name of Child

Robert Samith

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 5, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Will Smith

(9) PRESENT POSTOFFICE OF FATHER

Blairs SC

(10) COLOR OR RACE

Blacks

(11) AGE AT LAST BIRTHDAY

(Year) 30

(12) BIRTHPLACE

Blairs SC

(13) OCCUPATION

Public Works

## MOTHER.

(14) NAME BEFORE MARRIAGE

Edlice Peterson

(15) PRESENT POSTOFFICE OF MOTHER

Blairs SC

(16) COLOR OR RACE

Blacks

(17) AGE AT LAST BIRTHDAY

(Year) 27

(18) BIRTHPLACE

Simpsonville SC

(19) OCCUPATION

Public Works

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Sept 5, 1922, at 8:20 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Hancy Thompson

(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 23 is signed by mark)

(27) Filed

Sept 1922

(28)

H. E. DeHilise  
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.