

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 5.

(1) PLACE OF BIRTH

County of Greenwood
Township of Greenwood
OR
Inc. Town of Greenwood
OR
City of Greenwood
(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

22468

Registration District No. 732Registered No. 88
(For use of Local Registrar)(2) Full Name of Child ader Smith

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

3) BOY OR GIRL? Boy4) Twin or Triplet? Triplet5) Number in order of birth 46) Are Parents Married? Yes

7) DATE OF BIRTH

BIRTH Aug 12, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Fredie Smith9) PRESENT POSTOFFICE OF FATHER Greenwood10) COLOR OR RACE Negro11) AGE AT LAST BIRTHDAY (Year) 2412) BIRTHPLACE Laurens S.C. S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Marrie Boyd15) PRESENT POSTOFFICE OF MOTHER Greenwood16) COLOR OR RACE Negro17) AGE AT LAST BIRTHDAY (Year) 2118) BIRTHPLACE Laurens S.C. S.C.19) OCCUPATION Farmer21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)

(23)

(Signature) Bone alive May 12 1922. May 2, 1922

(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 6/8/22

19

(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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