

1
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
SOUTH CAROLINA, Columbia, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 32A

No. For State Registrar Only

35497

Registered No. 91
(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 Henry Smith

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 26, 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Henry Smith
(9) PRESENT POSTOFFICE OF FATHER Marion S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36
(Year)
(12) BIRTHPLACE Charlotte N.C.
(13) OCCUPATION Public work

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Owens
(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Year)
(18) BIRTHPLACE Marion S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Wise (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Marion

Given name added from a supplemental report

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

(27) Filed Oct. 31, 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.