Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16830

Registration District No. 4010 Registered No. 20
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Barnwell

Township of Williston
or
Inc. Town of
or
City of
(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 Lois Smith — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH May 11 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Bethel Smith

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.

(10) COLOR OR RACE W | (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Wilmer Brunson

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.

(16) COLOR OR RACE W | (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(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 born alive at 3:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Garrette & Bell Ford

(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Barnwell S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. F. McCarn
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1 1922 (28) J. W. Hatchett
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.

WRITE PLAINLY. WITH UNFADING INK—PREFERABLY BLACK. USE PEN AND INK ONLY. DO NOT USE LEAD PENCIL. DO NOT WRITE OUTSIDE OF LINES. DO NOT ERASE OR CHANGE. IF ERROR IS MADE, DRAW A LINE THROUGH IT AND WRITE CORRECTION BELOW. IF NONE OF THE ITEMS APPLY, WRITE "NONE." IF INFORMATION IS NOT KNOWN, SO STATE. IF BIRTH OCCURRED IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME INSTEAD OF STREET AND NUMBER. IF TWIN OR TRIPLET, SEE QUESTION 5.

N. B.—In case of twins or triplets, use a separate certificate for each child, and mark the number of the birth in question 5.

REGISTRAR'S COPY