

(1) PLACE OF BIRTH

County of York
 Township of Brook River
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24317

Registration District No. 4407Registered No. 50
(For use of Local Registrar)

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 Heather Smith

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Rylie E. Smith</u>	(14) NAME BEFORE MARRIAGE <u>Heather Jarrod Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Victory Grove</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Victory Grove</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE <u>York</u>	(18) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Belle Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Victory Grove

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 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.