

(1) PLACE OF BIRTH

County of Marion
 Township of Wahel
 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

39374

Registration District No. 3207 Registered No. 37
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 19 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Murry Smith

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

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE Marion Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lona Smith

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

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE Marion Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Sabra Sanner

(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed Dec 2 1922 (28) J. L. Dill 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.