

(1) PLACE OF BIRTH

County of *Hampton*Township of *Godtha*or,
Inc. Town ofor
City of

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

(2) Full Name of Child *Mavis Smith*

File No.—For State Registrar Only

42891

Registration District No. *2400* Registered No. *153*
(For use of Local Registrar)

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? *No* (7) DATE OF BIRTH *Dec 2 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Smith*(9) PRESENT POSTOFFICE OF FATHER *Gafford S.C.*(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *Hampton S.C.*(13) OCCUPATION *Farmer*(14) NAME BEFORE MARRIAGE *Cornelia Smith*(15) PRESENT POSTOFFICE OF MOTHER *Gafford S.C.*(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *19* (Years)(18) BIRTHPLACE *Hampton S.C.*(19) OCCUPATION *Farm Laborer*(20) Number of children born to mother, including present birth *1*(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 *alive* at *8 P.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Cornelia Helbach* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Gafford 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 18 1922* (28) *M. E. Dickinson* 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.