

PLACE OF BIRTH

County of Testeefield  
 Township of Jefferson  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

FILE No.—For State Registrar Only

25477-A

Registration District No. 1204 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Thomas M. Smother (If birth occurs in hospital or other institution, give name of same instead of street and number)  
 (supplemental report as directed.)

Boy or Girl Boy If Plural Births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Aug 14, 1922  
 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_

FATHER  
 Full name W. H. Smother  
 Residence (usual place of abode) (If non-resident, give place and State) Jefferson, SC  
 Color or race Wh 12. Age at last birthday 30 (Years)  
 Birthplace (city or place) (State or country) SC  
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
 16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

MOTHER  
 Full maiden name Clara Ellen Terry  
 Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_  
 20. Color or race Wh 21. Age at last birthday 30 (Years)  
 22. Birthplace (city or place) (State or country) SC  
 OCCUPATION  
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0  
 If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
 Before labor \_\_\_\_\_  
 During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 5 P on the date above stated.  
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) \_\_\_\_\_, M. D.

Name added from supplemental report  
Mrs Roy Byrd (Date of) \_\_\_\_\_  
 Registrar.

or \_\_\_\_\_ Midwife  
 Address Lallic Dunlap  
 Filed Jefferson, S.C. Mrs Roy Byrd Registrar.

July 8. 1934