

Form No. 1

(1) PLACE OF BIRTH

County of Upson
 Township of Stateburg
 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

32512

Registration District No. 11109 Registered No. 48
 (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 Hub 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 Sept 10 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Smith
 (9) PRESENT POSTOFFICE OF FATHER Horatio St.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Sumter Co
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Weather
 (15) PRESENT POSTOFFICE OF MOTHER Horatio St.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 15
 (18) BIRTHPLACE Sumter Co
 (19) OCCUPATION farm laborer
 (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 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wherry H. Humber
 (24) State whether Physician or Midwife midwife Address of Physician or Midwife Horatio St.

Given name added from a supplemental report

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

(27) Filed Sept 14 1922 (28) Ben Sanders 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No 2, etc. in question 5.

N. B.—

McGraw-Hill, Columbia, Columbia, E. C.