

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT AND VISIBLE RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Georgetown
Township of
or
Inc. Town of
or
City of Georgetown

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

File No.—For State Registrar Only
18668

Registration District No. 21-A Registered No. 44
(For use of Local Registrar)

(No. 214 Penn. Ave. 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 Cecil Leroy Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes. (7) DATE OF BIRTH May 23, 1922.
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harry Foster Smith
(9) PRESENT POSTOFFICE OF FATHER Georgetown
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37.....
(Year)
(12) BIRTHPLACE Raleigh, N. C.
(13) OCCUPATION Electrician.
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Vickman
(15) PRESENT POSTOFFICE OF MOTHER Georgetown
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24.....
(Year)
(18) BIRTHPLACE Georgetown, S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary B. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 1922 (28) Mrs. R. J. King 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.