

## (1) PLACE OF BIRTH

County of York  
 Township of .....

or  
 Inc. Town of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

24336

Registration District No. 4406 Registered No. 50  
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin king or Triplet? (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH June 25 1922  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Calvin A Smith (14) NAME BEFORE MARRIAGE Beatrice Bell  
 (9) PRESENT POSTOFFICE OF FATHER Farmville (15) PRESENT POSTOFFICE OF MOTHER Farmville

(10) COLOR White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
 (Years) (Years)

(12) BIRTHPLACE York County S.C. (18) BIRTHPLACE Concord S.C.

(13) OCCUPATION Miner (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-20 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. B. Miller (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Farmville S.C.

Given name added from a supplemental report ..... 101....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 8-9-22 (28) A. L. Parker 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.

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Twin, one reported last month