

## (1) PLACE OF BIRTH

County of Florence  
 Township of Chathamville

Inc. Town of.....

City of.....

(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

No. 40244

Registration District No. 2002 Registered No. 30  
 (For use of Local Registrar)

(2) Full Name of Child John Henry Smith (If child is not yet named, make supplemental report as directed)

(3) SEX OR GEAR Boy (4) Type or brand To be covered by in case of Twin or Triple (5) Number in order of birth 1st (6) Age 1 yr (7) DATE OF BIRTH Dec 16 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Henry Smith</u>	(10) NAME BEFORE MARRIAGE <u>Henry Smith</u>	(9) PRESENT RESIDENCE OF FATHER <u>Timmonsville</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Timmonsville</u>
(10) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>20</u> (Year)	(10) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(12) BIRTHPLACE <u>Florence Co SC</u>		(12) BIRTHPLACE <u>Florence Co SC</u>	
(14) OCCUPATION <u>Farming</u>		(14) OCCUPATION <u>Housewife</u>	
(16) Number of children born to mother, including present birth <u>3</u>		(16) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(19) (Signature) John Henry Smith  
 (20) State whether Physician or Midwife Physician (21) Address of Physician or Midwife Timmonsville SC

(Given name added from a supplemental report)

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

(23) Filed 12/17 1922 (24) H. P. Pettigrew  
 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.