

Form No. 1

## (1) PLACE OF BIRTH

County of Willamburg  
 Township of Sumter  
 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

9471

Registration District No. 4310Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

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

(3) SEX—GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Warren Smith  
 (9) PRESENT POSTOFFICE OF FATHER Loake City  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE S.G.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Ann Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Loake City S.G.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE S.G.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blaise Mcclam

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwifeLoake City S.G.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 5, 1922(28) 1922(29) Mrs. W. A. Gitch

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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

BUREAU OF COLUMBIA, COLUMBIA, S. C.