

Form No. 1

(1) PLACE OF BIRTH

County of Willamberg
 Township of Sunter
 or
 Inc. Town 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. 4310 Registered No. 10
 (For use of Local Registrar)

City of (No. 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 Mary Jean Smith (If child is not yet named, make supplemental report as directed)

(3) BOY OR 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 Warrior 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

(20) Number of children born to mother, including present birth 10

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

(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) Elzie McClam

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Loake 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) Mrs. W. A. Sitch 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 PREPARED FORM. PLEASE PRINT IN BLANK SPACES. DO NOT WRITE IN THESE SPACES. SEE INSTRUCTIONS ON REVERSE SIDE. FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC. IN QUESTION 3. DEPT. OF HEALTH, COLUMBIA, S. C.