

(1) PLACE OF BIRTH

County of GreenvilleTownship of Batesor
Inc. Town ofor
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

File No.—For State Registrar Only

4318

Registration District No. 2201 Registered No. 6

(For use of Local Registrar)

2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan, 2, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eddie Hull Smart(14) NAME BEFORE MARRIAGE Alma May Harrell(9) PRESENT POSTOFFICE OF FATHER Travellers Rest(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE N. C.(18) BIRTHPLACE N. C.(13) OCCUPATION Machinist(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) B. B. Harrell M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Donelson Dist. S. C.

Given name added from a supplemental report

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

(27) Filed Feb 15, 1922 (28) Dr. J. Harrell Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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