

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

or  
Inc. Town of Darlington  
or

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

41917

Registration District No. 12ARegistered No. 47

(For use of Local Registrar)

(2) Full Name of Child, Thelma May Smith

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

Take answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 31922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James B Smith(9) PRESENT POSTOFFICE OF FATHER Cowards S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Automobile Mechanic(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Golda Lambert(15) PRESENT POSTOFFICE OF MOTHER 116 Tabular St Darlington S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House wife(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 born alive at 2:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian T. Coggschall

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

PhysicianDarlington, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) James I. 23

(28)

E. A. Early

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.