

MARGIN RESERVED FOR BINDING.
 WHITE BLANK, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN THIS CASE TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8.
 SIGNATURE OF CLERK, REGISTRAR, & C.

(1) PLACE OF BIRTH

County of Charleston
 Township of E. dist. Island
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For State Registrar Only

8475

Registration District No. 9.2.2

Registered No. 11.2

(For use of Local Registrar)

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

(2) Full Name of Child E. duan Small

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

(3) SEX OR (4) Time or Triplet (5) Number in order of birth (6) And Parents Married yes (7) DATE OF BIRTH Jan 14 1922
 To be answered only in case of Twins or Triplets

FATHER

(8) FULL NAME York Small
 (9) PRESENT POSTOFFICE OF FATHER Edisto Island
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Edisto Island
 (13) OCCUPATION Labrer

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Small
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE Same
 (19) OCCUPATION Same
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Deane K. Wallace
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Edisto Island

(If not answer added from supplemental report)

(25) Witness (Signature of witness necessary only when question 21 is altered by mark)

(26) Jan 30 1922 (27) 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.