

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Church Church State Board of Health
 or
 Inc. Town of Parish Registration District No. 901 Registered No. 1
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45633

(2) Full Name of Child Green C. Small { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? no (7) DATE OF BIRTH Jan 3
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Edward Small
 (9) PRESENT POSTOFFICE OF FATHER Port Pleasant
 (10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 32 (Years).
 (12) BIRTHPLACE Church Church Parish
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Annie Simon
 (15) PRESENT POSTOFFICE OF MOTHER Port Pleasant SC
 (16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 30 (Years).
 (18) BIRTHPLACE Church Church Parish
 (19) OCCUPATION Farming
 (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 alive at _____ M., on the date above stated. (Hour A. M. or P. M.)
Midwife (23) (Signature) W. J. Brown
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Port Pleasant SC

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed Jan 6 191____ (28) W. J. Brown 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.

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