

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of *Charleston* STATE OF SOUTH CAROLINA.Township of *Church Church* Bureau of Vital Statisticsor Inc. Town of *Parish* State Board of HealthCity of \_\_\_\_\_ Registration District No. *901* Registered No. *1*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child *Ernest 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* 19*18*  
(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 Common*(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. (born alive or stillborn) (Hour A. M. or P. M.)*Midwife*(23) (Signature) *W. P. Common*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Port Pleasant SC*

Given name added from a supplemental report

\_\_\_\_\_, 191\_\_\_\_

\_\_\_\_\_, 191\_\_\_\_

Registrar

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

(27) Filed *Jan 6* 191\_\_\_\_ (28) *W. P. Common* 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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