

FORM NO. A

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town ofor
City ofPort Royal

(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

5996

Registration District No. 47 Registered No. 13114
(For use of Local Registrar)(2) Full Name of Child Henry L. Small If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? one(5) Number in
order of birth(6) Are
Parents
Married? No(7) DATE OF
BIRTH June 8 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMELinkie Cuyler(9) PRESENT
POSTOFFICE
OF FATHERPort Royal(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY1 1/2
(Years)

(12) BIRTHPLACE

S. Carolina

(13) OCCUPATION

laborer(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEGeorgia Small(15) PRESENT
POSTOFFICE
OF MOTHERPort Royal(16) COLOR
OR
RACEnegro(17) AGE AT LAST
BIRTHDAY1 1/2
(Years)

(18) BIRTHPLACE

S. Carolina

(19) OCCUPATION

laborer(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Margaret Taylor
Port Royal(Given name added from a supplement-
tal report)

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Registrar

(25) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed 1/12/23 (27) H. M. B. Cope
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.

MARGIN RESERVED FOR BINDING.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McLaws, of Columbia.