

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

RECORD OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
Township of Gollins
OR
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only
42191

Registration District No. 1706 Registered No. 27
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of _____ St.; _____ Ward)

(2) Full Name of Child Henrietta Perry
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Parents Married? yes (7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Smalls
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42
(Years)
(12) BIRTHPLACE Dorchester Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Green
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32
(Years)
(18) BIRTHPLACE Dorchester Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta Perry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 17 1922 (28) R. H. Boyle 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.