

## (1) PLACE OF BIRTH

County of *Charleston S.C.*

Township of .....

Inc. Town of .....

City of *Charleston* .....

(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

27456

Registration District No. *9A* Registered No. ....

(For use of Local Registrar)

(No. *83 East Bay* St.; ..... Ward)(2) Full Name of Child *Margaret Small*

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

(1) BOY OR GIRL

*girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

*one*

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Sept 10 1923*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Samuel Small*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*26*

(Year)

(12) BIRTHPLACE

*Georgetown S.C.*

(13) OCCUPATION

*Preacher*

(20) Number of children born to mother, including present birth

*one*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Mary Owens*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston S.C.*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*23*

(Year)

(18) BIRTHPLACE

*Charleston S.C.*

(19) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Anna Wright Midwife*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*20 Bedford St*

(When name added from a supplemental report)

(26) Witness

*J. A. Wright*  
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

*9/17/23*

(28)

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.