

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - Exp. Stat. Inspection Day
64401

Registration District No. 2801

Registered No. 36

(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	Is he assumed only in event of "Twin or Triplet"?		Yes	June 13 1944
(8) FULL NAME OF FATHER			(9) NAME BEFORE MARRIAGE OF MOTHER	
Joseph Small			Betty Richardson	
(10) PRESENT POSTOFFICE OF FATHER			(11) PRESENT POSTOFFICE OF MOTHER	
Sampik SC			Sampik SC	
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY	
Negro	38 (Years)	Negro	36 (Years)	
(16) BIRTHPLACE			(17) BIRTHPLACE	
Georgetown County SC			Georgetown County SC	
(18) OCCUPATION			(19) OCCUPATION	
Farmer			Farm hand	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	
5			5	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated.

(23) (Signature) H. J. Singleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 14 1944 (28) H. J. Singleton Local Registrar

*When there was no attending physician or midwife, when 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.

WHITE 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 3.

McGraw, of Columbia.