

## (1) PLACE OF BIRTH

County of Savvy  
 Township of Coastal

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1624

City of ..... Registration District No. 257D Registered No. 11  
 (For use of Local Registrar)  
 City of ..... (No. .... St. .... Ward ....)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child Emma Small If child is not yet named, make supplemental report as directed.

3) SEX OR Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH 1911  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME John Small  
 9) PRESENT POSTOFFICE OF FATHER Burgess, S.C.  
 10) COLOR White (11) AGE AT LAST BIRTHDAY 37 (Years)  
 12) BIRTHPLACE Richmond, Va.  
 13) OCCUPATION Miner  
 14) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Rose Singleton  
 15) PRESENT POSTOFFICE OF MOTHER Burgess, S.C.  
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 18) BIRTHPLACE Richmond, Va.  
 19) OCCUPATION Domestic  
 20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Barbara K. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife Burgess, S.C.

Given name added from a supplemental report

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

(27) File 24 (28) W. H. Parkersville 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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