

**(1) PLACE OF BIRTH**

County of George  
Township of # 5  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 2104

File No.—For State Registrar Only  
28403

Registered No. 36  
(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: Sam Small

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

(2) <b>BOY OR GIRL</b>	(4) <b>Twin or Triplet?</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> <i>yes</i>	(7) <b>DATE OF BIRTH</b> <i>Sept 10 1923</i> (Name of Month) (Day) (Year)
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# FATHER.

(8) FULL NAME *Sipiro Small*

(9) PRESENT POSTOFFICE OF FATHER *Plantersville SC*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *40*  
(Years)

(12) BIRTHPLACE *Georgetown - Co*

(13) OCCUPATION *Farmer*

**MOTHER.**

(14) NAME BEFORE MARRIAGE 111 Mary Right

(15) PRESENT POSTOFFICE OF MOTHER Plantersville

(16) COLOR OR RACE yesna (17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE Georgetown Co

(19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 5

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 . . . John . . . male . . . 11 PM,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) Arthur Verine  
(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplemental report

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

(57) Filed Sept 15 23 (58) W. S. Oliver  
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.