(1) PLACE OF BIRTH

County of Lancaster

Township of Flat Creek

Inc. Town of ..... Registration District No. 2803 Registered No. 91

City of ..... (No. ..... St. ..... Ward)

(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
30918

(For use of Local Registrar)

(2) Full Name of Child Hazel Jackson Small If child is not yet named, make supplemental report as directed

(3) Sex Boy (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20, 1922 (Month) (Day) (Year)

(Mark an X in each of these if true)

FATHER.	MOTHER.
(8) FULL NAME Johnnie Jackson Small	(14) NAME BEFORE MARRIAGE Nannie May Small
(9) POSTOFFICE OF FATHER Rushton SC	(15) PRESENT POSTOFFICE OF MOTHER Rushton SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Lancaster County	(18) BIRTHPLACE Rushton County
(13) OCCUPATION Farmer	(19) OCCUPATION Home wife
(20) Number of children born to this father including present birth 1	(21) 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 alive (Born alive or stillborn) at 11 (Hour A. M. or P. M.) P. M., on the date above stated.

(23) (Signature) L. C. Massey M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Rushton SC

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct. 1922 (28) T. C. Wilson
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.

before the fifth month of pregnancy.