

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

72851

Registration District No. 2106

Registered No. 018
(For use of Local Registrar)(2) Full Name of Child Eleash Small { If child is not yet named, make supplemental report as directed

(3) SEX OR AGE	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are parents married?	(7) DATE OF BIRTH
Boy				Aug. 3 - 1916 <small>(Name of Month) (Day) (Year)</small>

FATHER.			MOTHER.		
(8) FULL NAME	<u>Eleash Small</u>		(14) NAME BEFORE MARRIAGE	<u>Sarah Moultrie</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Waverly Mills</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Waverly Mills</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>Waverly Mills</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <small>(Years)</small>	<u>Waverly Mills</u>
(12) BIRTHPLACE	<u>Calhoun S.C.</u>		(18) BIRTHPLACE	<u>Prospect Hill S.C.</u>	
(13) OCCUPATION	<u>Laborer</u>		(19) OCCUPATION	<u>Laborer</u>	
(20) Number of children born to mother, including present birth	{ <u>5</u> }		(21) Number of children of this mother now living, including present birth	{ <u>2</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Peggy Brown

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

Midwife | Waverly Mills, S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled Aug. 5, 1916. (28) A. H. Lauchotte
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.

MARGIN RESERVED FOR BINDING. WRITE 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 5. McCaw, of Columbia.