

WRITE PLAINLY, WITH READING INK—THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the  
N If 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.

(1) PLACE OF BIRTH

County of Beaufort  
Township of Bluffton  
OR  
Inc. Town of .....  
OR  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

29009

Registration District No. 601 Registered No. 20  
(For use of Local Registrar)

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

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

3) BOY OR GIRL? girl 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH Sept. 23, 1922  
(Name of Month) (Day) (Year)

FATHER. MOTHER.  
8) FULL NAME Abraham Smalls 14) NAME BEFORE MARRIAGE Silvia Fulton  
9) PRESENT POSTOFFICE OF FATHER Bluffton, S.C. 15) PRESENT POSTOFFICE OF MOTHER Bluffton, S.C.  
10) COLOR OR RACE negro 16) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 27 17) AGE AT LAST BIRTHDAY 24  
(Years) (Years)  
12) BIRTHPLACE Beaufort County 18) BIRTHPLACE Beaufort County  
13) OCCUPATION Mill & oysterman 19) OCCUPATION housewife  
20) Number of children born to mother, including present birth 3 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 Born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Simmons (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bluffton, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 27, 1922 (28) Local Registrar W. F. Wright

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.