

(1) PLACE OF BIRTH

County of CharlestonTownship of James IslandInc. 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

76109

Registration District No. 904 Registered No. 89
(For use of Local Registrar)(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 Florence Smalls { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>G</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1911</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Robert Smalls

(9) PRESENT POSTOFFICE OF FATHER 91 Charleston

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE James Island

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 10 }

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Watson

(15) PRESENT POSTOFFICE OF MOTHER 91 Charleston

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE James Island

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 8 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.40 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sally D. Drayton
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife 91 Charleston

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 9/20/11 (28) Geo. R. Seabrook
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.