

(1) PLACE OF BIRTH

County of Richland
Township of Richland
or
Inc. Town of Richland
or
City of Richland

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

Registration District No. 703

File No.—For State Registrar Only

37358

Registered No. 71
(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 Solomon Small

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Small
(9) PRESENT POSTOFFICE OF FATHER Richland
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Richland
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hilda Brown
(15) PRESENT POSTOFFICE OF MOTHER Richland
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Richland
(19) OCCUPATION Housewife
(20) 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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richland

Given name added from a supplemental report

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

(27) Filed Nov 14 1922 (28) [Signature] 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.