

(1) PLACE OF BIRTH

County of Lancaster
 Township of Flat Creek
 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
43156

Registration District No. 250 Registered No. 127
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 18 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charley Small</u>			(14) NAME BEFORE MARRIAGE <u>Hellie Hinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster R 8</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster Route 8</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Lancaster Co</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>Lancaster Co.</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(19) OCCUPATION <u>Housewife</u>	
			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. V. Bishop

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 19 1922

(28)

G. V. Bishop

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 stillbirth before the fifth month of pregnancy.

Registrar

Local Registrar

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