

(1) PLACE OF BIRTH

County of York
Township of York
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 Register
21045

Registration District No. 2106 Registered No. 25
(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 Daniel White Small

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Y.</u>	(7) DATE OF BIRTH <u>July 20, 1928</u> (Month of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>James White</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Small</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills, S.C.</u>			
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Cook</u>			
(20) Number of children born to mother, including present birth <u>14</u>	(21) Number of children of this mother now living, including present birth <u>14</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James James

(24) State whether Physician or Midwife (25) Address of Phys. or Midwife
Waverly Mills, S.C.

Given name added from a supplemental report

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

(27) Filed July 21, 1928 (28) D. H. ... Local Registrar.

*When there was no attending physician or midwife, upon 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.