

(1) PLACE OF BIRTH

County of Beaufort

Township of St. Helena

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

Registration District No. 604

File No.—For State Registrar Only
6599

Registered No. 34
(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 Julia Smalls (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 700 (6) Are Parents Married? No (7) DATE OF BIRTH March 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE X (11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Smalls

(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... (Years) 21

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farmer

(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 3:00 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Flora Scott x Frogmore S.C. (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 3/15, 1922 (28) J. B. Johnson 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.