

## (1) PLACE OF BIRTH

County of CalletonTownship of Wellsor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Smaller

File No. — For State Registrar Only

14434

Registration District No. 14-01. Registered No. 31  
(For use of Local Registrar)

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>January 26, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joe Smaller(9) PRESENT POSTOFFICE OF FATHER Wm. A. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Year)(12) BIRTHPLACE Atlanta Ga(13) OCCUPATION public work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Clotie Daniels(15) PRESENT POSTOFFICE OF MOTHER Wm. A. C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Calleton S.C.(19) OCCUPATION sewing(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 white (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) midwife (24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Wm. A. C.

Given name added from a supplemental report

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

(27) Filed May 20, 1922 (28) R. J. Ireland 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.