

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

## (1) PLACE OF BIRTH

County of BerkleyTownship of 1st St. Johnor  
Inc. Town of

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

48-96

Registration District No. 702 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Michael Small

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? yes(7) DATE OF BIRTH Feb. 6 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEBen. Small(9) PRESENT  
POSTOFFICE  
OF FATHERCordswille SC(10) COLOR  
OR  
RACE Negro.(11) AGE AT LAST  
BIRTHDAY 30  
(Years)

(12) BIRTHPLACE

Colleton County SC

(13) OCCUPATION

Laborer(20) Number of children born to  
mother, including present birth5

## MOTHER.

(14) NAME BEFORE  
MARRIAGELaura Singleton(15) PRESENT  
POSTOFFICE  
OF MOTHERCordswille SC(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 29  
(Years)

(18) BIRTHPLACE

Berkley County SC

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Laraine  
on the date above stated. (Born alive or stillborn) at 2 o'clock P.M. (Hour A. M. or P. M.)(23) (Signature) Laraine

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeCordswille SCGiven name added from a supplement  
tal report

(26) Witness

J. H. Bagger  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 2-14 1916(28) J. H. Bagger  
Sub 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.

\*If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.