

MARGIN RESERVED FOR PRINTING.
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 6.

State of Columbia

(1) PLACE OF BIRTH

County of *Marion*Township of *Green Sea*Inc. Town of *or*City of *(No.)*

(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

56305

Registration District No. *2506*Registered No. *20*
(For use of Local Registrar)(2) Full Name of Child *Nooner, Small* { If child is not yet named, make supplemental report as directed(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet? *one*

To be answered only in case of Twins or Triplets

(5) Number in
order of birth *1*(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *April 24*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *J. C. Small*(9) PRESENT
POSTOFFICE
OF FATHER *not taken n.c.*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *23*
(Years)(12) BIRTHPLACE
South Carolina(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth *two*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Adeline Bender*(15) PRESENT
POSTOFFICE
OF MOTHER *not taken n.c.*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *20*
(Years)(18) BIRTHPLACE
Henry Co.(19) OCCUPATION
House Wife(20) Number of children of this mother
now living, including present birth *two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *8* at *8:30 a.m.*
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *Ballona Bullard*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife *For. P. S. C.*Given name added from a supplement-
al report

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Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Apr 24* 1916.(28) *S. D. M. S. C.*
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.

fifth month of pregnancy.