

(1) PLACE OF BIRTH

County of *Chas*Township of *St. Paul*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6932

Registration District No. *910* Registered No.

(For use of Local Registrar)

(No.) (Ward) (d)

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

(2) Full Name of Child *Robert Marion Smalls* .. { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *-* (5) Number in order of birth *4* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 30 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Le Roy Ansook meggett*(9) PRESENT POSTOFFICE OF FATHER *meggett*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *28* (Years)(12) BIRTHPLACE *Chas Co*(13) OCCUPATION *Mechanic*(20) Number of children born to mother, including present birth *4*

MOTHER

(14) NAME BEFORE MARRIAGE *Lottie Martin*(15) PRESENT POSTOFFICE OF MOTHER *meggett S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *Chas Co*

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 A* M. (Born/alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *R. R. Hunter*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Roseville*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 181 (28) 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.

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