

File No. — For State Registrar Only  
76084

(1) PLACE OF BIRTH — **CERTIFICATE OF BIRTH**  
 County of Charleston — STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Christ Church State Board of Health  
 or  
 Inc. Town of Danish Registration District No. 901 Registered No. 34  
 or  
 City of Charleston (No. 11) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Albert Small { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept 10 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert Small</u>	(14) NAME BEFORE MARRIAGE <u>Dianna Brown</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Wt Pleasant S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wt Pleasant S. C.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Charleston S. C.</u>	(18) BIRTHPLACE <u>Charleston S. C.</u>			
(13) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Midwife M. H. Stewart  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wt Pleasant S. C.

Given name added from a supplemental report  
 ..... 191 .....  
 Registrar

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

(27) Filed Sept 11 1916 (28) A. G. L. L. L. 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.

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.  
 McCaw, of Columbia.