

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.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

76084

Registration District No. 901

Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child

Albert Small

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	(6) Are Parents Married? No	(7) DATE OF BIRTH Sep 10 1916 (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME Albert Small	(14) NAME BEFORE MARRIAGE Dianna Brown			
(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant S.C.			
(10) COLOR OR RACE Colored	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Colored	(17) AGE AT LAST BIRTHDAY 16 (Years)	
(12) BIRTHPLACE Charleston S.C.	(18) BIRTHPLACE Charleston S.C.			
(13) OCCUPATION Laborer	(19) OCCUPATION Domestic			
(20) Number of children born to mother, including present birth 1	(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 alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. H. H. S. S. S.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mt Pleasant S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sep 18 1916

(28)

A. G. L. 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.