

(1) PLACE OF BIRTH

County of ClarendonTownship of New Riveror
Inc. Town ofor
City of

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

(2) Full Name of Child

Wesley SmalleFile No. For State Registrar Only3764Registration District No. 1312Registered No. 7

(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

☒

(5) Number in order of birth

☒

(6) Are Parents Married?

☒

(7) DATE OF BIRTH

Jan 281922

(Day of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

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

(8) FULL NAME

Willie Smalle

(9) PRESENT POSTOFFICE OF FATHER

Timberville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Willie Smalle

(15) PRESENT POSTOFFICE OF MOTHER

Timberville S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

29

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

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

Midwife Timberville S.C.

Given name added from a supplemental report

(25) Witness

W. P. Timberville

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

(27) Filed Jan 28 1922

(28)

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.