

(1) PLACE OF BIRTH

County of AdeltonTownship of ShundanInc. Town of Round, S.C.City of Round, S.C.

(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

48705

Registration District No. 1408 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child J. Dall Smalls { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1st 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doris Smalls(9) PRESENT POSTOFFICE OF FATHER Round(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Round, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Smalls(15) PRESENT POSTOFFICE OF MOTHER Round, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Round, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Round, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Smalls Midwife, Round, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed June 10, 1916 (28) B. G. Hillis, Jr. 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.