

County of Sevier
Township of Centennial
or
Inc. Town of.....
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

1771

Registration District No. 708 Registered No. 78-
(For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL?		4) Twin or Triplet?		5) Number in order of birth		6) Are Parents Married? <i>Yes</i>		7) DATE OF BIRTH <i>June 28, 1922</i> (Name of Month) (Day) (Year)	
To be answered only in event of Twins or Triplets									
FATHER					MOTHER				
8) FULL NAME <i>Willie Small</i>					14) NAME BEFORE MARRIAGE <i>Jannie President</i>				
9) PRESENT POSTOFFICE OF FATHER <i>Cross St. C.</i>					15) PRESENT POSTOFFICE OF MOTHER <i>Cross St. C.</i>				
10) COLOR OR RACE <i>Negro</i>		11) AGE AT LAST BIRTHDAY <i>25</i> (Years)			16) COLOR OR RACE <i>Negro</i>		17) AGE AT LAST BIRTHDAY <i>20</i> (Years)		
12) BIRTHPLACE <i>Berkeley Ca</i>					18) BIRTHPLACE <i>Berkeley Ca</i>				
13) OCCUPATION <i>Farming</i>					19) OCCUPATION <i>Housewife</i>				
20) Number of children born to mother, including present birth <i>2</i>					21) Number of children of this mother now living, including present birth <i>1</i>				

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A M.,
on the date above stated. 17 (Born alive or stillborn) (Hour A. M. or P. M.)

(23)	(Signature) <u>Jose Maria</u>	(25) Address of Physician or Midwife
(24)	State whether Physician or Midwife <u>Physician</u>	<u>San Jose, C.R.</u>

Given name added from a supplemental report

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

(27) Filed July 1, 1942 (28) Local Regis' Ar.

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.