

Form No. 1

(1) PLACE OF BIRTH

County of Sherkeley Co.Township of Antonia

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
3046Registration District No. 208 Registered No. 13
(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 Lachie Small

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

(3) SEX OR GAIL <u>boy</u>	(4) Type of <u>twins</u>	(5) Number in order of birth <u>2nd</u>	(6) Are twins yes	(7) DATE OF BIRTH <u>Feb 1, 1925</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Rubin Small</u>	(14) NAME BEFORE MARRIAGE <u>Florence Russell</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cross St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cross St.</u>
(10) COLOR OR HAIR <u>negro</u>	(16) COLOR OR HAIR <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Sherkeley County</u>	(18) BIRTHPLACE <u>Sherkeley County</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jemie Cooper(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Cross St.Given name added from a supplement-
tal report(26) Witness Mrs. D. W. Cross
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 3, 1925 (28) D. W. CrossWhen there was no attending physician or midwife, then the father, householder, etc., should sign.
If a child breathes even once, it must not be reported as stillborn. No report is needed
before the fifth month of pregnancy.

MARSHAL REMOVED FOR READING.
 WHEN PLACED, WITH UNIFORM INSTRUCTIONS IN A PERMANENT RECORD.
 IN CASE OF DEATH OR OTHER CAUSE, A SUPPLEMENTAL REPORT MUST BE MADE.
 FURTHER, NO. 1, THIS FORM, NO. 2, OR, IN OTHERS.