

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

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

No. 1a.—For State Registrar Only

27471

Registration District No. 9A Registered No.

(For use of Local Registrar)

(No. 83 East Bay St.; Ward)(2) Full Name of Child Baby Smalls If child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Age Person Married g (7) DATE OF BIRTH Sept 10, 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Smalls(9) PRESENT POSTOFFICE OF FATHER 83 East Bay(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Georgetown(13) OCCUPATION Dry-Cleaner(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Owens(15) PRESENT POSTOFFICE OF MOTHER 83 East Bay(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(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 Born alive at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Skimming

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

(Given name added from a supplemental report)

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

(27) Filed 9/15 1923 J. Mervin Green M.D. 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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.