

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25208

Registration District No. *901* Registered No. *93*  
(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 *Rhoney Smalls*

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June 14 1922</i> (Name of Month) (Day) (Year)
--------------------------------	---------------------------------------------------------------------------	------------------------------	---------------------------------------	--------------------------------------------------------------------------

## FATHER

(8) FULL NAME *Edward Van*(9) PRESENT POSTOFFICE OF FATHER *Met Pleasant St*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Charleston S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Two One*

## MOTHER

(14) NAME BEFORE MARRIAGE *Susan Smalls*(15) PRESENT POSTOFFICE OF MOTHER *Met Pleasant St*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *17* (Years)(18) BIRTHPLACE *Charleston S.C.*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *5 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Charlotte Grant*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Met Pleasant St*

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed *July 19 1922* (28) *Chas. Allen* 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.