

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helmsor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 607

No. for State Register only

31162

Registered No. 124
(For use of Local Registrar)(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 Luck Smalls (If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD boy (4) Type or Triplet No (5) Number in order of birth No (6) DATE OF BIRTH Sept. 9, 1923
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Stanley Rivers</u>		(14) NAME BEFORE MARRIAGE	<u>Neatha Smalls</u>	
(9) PRESENT RESIDENCE OF FATHER	<u>Frogmore SC</u>		(15) PRESENT RESIDENCE OF MOTHER	<u>Frogmore SC</u>	
(10) COLOR OR RACE	<u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE	<u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE	<u>South Carolina</u>		(18) BIRTHPLACE	<u>South Carolina</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Domestic</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>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 17:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia Rivers & Frogmore S.C.
(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 22 is signed by mark)

(27) Filed Oct. 11, 1923 (Signature of 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.