

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

3719

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child *Mary Ann Smallwood*

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

(3) BOY OR GIRL? *girl*(4) Twin or Triplet? *1*(5) Number in order of birth *6*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Jan. 10, 1923*
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Smallwood

(9) PRESENT POSTOFFICE OF FATHER

Johnston S.C.

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY *39*
(Years)

(12) BIRTHPLACE

Edgefield Co. S.C.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

6

MOTHER

(14) NAME BEFORE MARRIAGE

Julia Samuels

(15) PRESENT POSTOFFICE OF MOTHER

Johnston S.C.

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY *33*
(Years)

(18) BIRTHPLACE

Edgefield Co. S.C.

(19) OCCUPATION

Farmers wife

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. F. Shacter M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Johnston S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) File *Mar 9, 1923* (28) *S. S. M. M. M.*
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.