

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Georgetown
 Township of 7
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
72857

Registration District No. 2116 Registered No. 87
 (For use of Local Registrar)
 (2) Full Name of Child Samuel Small { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Small</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Fanny</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waverly Mills S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waverly Mills S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>9</u>			(21) Number of children of this mother now living, including present birth { <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Charles Stuart
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Waverly Mills, S. C.

Given name added from a supplemental report
 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by marks)
 (27) Filed Aug. 16, 1916 (28) Samuel Small 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.