

(1) PLACE OF BIRTH

County of

Township of

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

92002

Registration District No. 4105

Registered No. 1631
(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 William Smalls

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec 4, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jeff Smalls

(9) PRESENT POSTOFFICE OF FATHER

Providence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Providence S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

7

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 7:30a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sallie Mark Wright

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Dalzell, S.C.

Given name added from a supplemental report

(26) Witness

Mrs. Emma Burkett

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

(27) Filed

Dec 21, 1916

(28)

B. McLaughlin

Local Registrar

19 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.