

## (1) PLACE OF BIRTH

County of Berkley  
 Township of St. Thomas  
 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

41111

Registration District No. 707 Registered No. 51  
 (For use of Local Registrar)

City of ..... (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 Fringie Small If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Dec 12 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Small

(9) PRESENT POSTOFFICE OF FATHER Berkley Co

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Berkley

(13) OCCUPATION Common Labor

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Emily Jones

(15) PRESENT POSTOFFICE OF MOTHER Wando Sc

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Berkley

(19) OCCUPATION at Home

(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... Alone... at 5:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Houlbeck

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruger Sc

Given name added from a supplemental report

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

(27) Filed Dec 19 1922 (28) L. Grimes 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.