

Form No. 1

(1) PLACE OF BIRTH

County of Sherkeley.....Township of Easton.....or
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register Only

3047

Registration District No. 1.A.8 Registered No. 14

(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 Arthur Small..... If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>boy</u>	(b) TIME OF BIRTH <u>turn</u>	(c) NUMBER OF CHILD <u>(No. 2)</u>	(d) AGE OF CHILD <u>yo</u>	(e) DATE OF BIRTH <u>Feb. 7, 1905</u>
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FATHER.

(a) FULL NAME Arthur Small(b) PRESENT POSTOFFICE OF FATHER cross st(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY 48 (Years)(e) BIRTHPLACE Richmond County(f) OCCUPATION working(g) NUMBER OF CHILDREN LIVED TO ADULTHOOD, including present child 1

MOTHER.

(a) FULL NAME Flourice Russell(b) PRESENT POSTOFFICE OF MOTHER Cross st(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY 30 (Years)(e) BIRTHPLACE Richmond County(f) OCCUPATION young wife(g) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) James H. Harker(25) State whether Physician or Midwife midwife(26) Address of Physician or Midwife Cross st

Given name and date of birth of child

(27) Witness Mrs. B. H. Harker

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

(28) Filed Feb. 7, 1905 (29) D. W. Harker

When there is no attending physician or midwife, this certificate may be signed by a parent or other person who was present at the birth of the child.