

(1) PLACE OF BIRTH

County of Darby

Township of

or

Inc. Town of Darby

or

City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4-A

File No.—For State Registrar Only
28871

Registered No. 43
 (For use of Local Registrar)

St.; Ward)

(No. instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Matteson Small (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Whit Small(9) PRESENT POSTOFFICE OF FATHER Darby(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE

(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mabelle Pauls(15) PRESENT POSTOFFICE OF MOTHER Darby(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Darby(19) OCCUPATION Washerwoman(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rebecca Glover(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Darby

Given name added from a supplemental report

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

(27) Filed 9/26, 1922 (28) John Cooper 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.