

(1) PLACE OF BIRTH

County of Charleston  
 Township of Thomas Hill  
 or  
 Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

31481

Registration District No. 919

Registered No. 88  
 (For use of Local Registrar)

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

(4) Full Name of Child Liza Small

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

(5) SEX OF CHILD <u>Female</u>	(6) Type of Birth <u>Full Term</u>	(7) Number in order of birth <u>1</u>	(8) Age of Parent <u>28</u>	(9) DATE OF BIRTH <u>Sept 13, 1933</u>
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FATHER		MOTHER	
(10) FULL NAME <u>Robert Small</u>	(14) NAME BEFORE MARRIAGE <u>Liza Taylor</u>	(10) PRESENT RESIDENCE OF FATHER <u>Thomas Hill</u>	(14) PRESENT RESIDENCE OF MOTHER <u>Thomas Hill</u>
(15) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>	(15) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(16) BIRTHPLACE <u>Thomas Hill</u>	(18) OCCUPATION <u>Farmer</u>	(16) BIRTHPLACE <u>Thomas Hill</u>	(18) OCCUPATION <u>Housewife</u>
(19) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Thomas Hill

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Thomas Hill

Given name added from a supplemental report

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

(27) Filed Sept 13, 1933 (28) Thomas Hill 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.