

Form No. 1

(1) PLACE OF BIRTH

County of Colleton  
Township of Glenn  
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

17298

Registration District No. 1405

Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child Lorena 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 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 16 1923  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Malachi Small  
9) PRESENT POSTOFFICE OF FATHER Colleton SC  
10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 28  
(Years)  
12) BIRTHPLACE SC  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Eva Chaslin  
15) PRESENT POSTOFFICE OF MOTHER Colleton SC  
16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 22  
(Years)  
18) BIRTHPLACE SC  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Marion Tracy

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Colleton SC

Given name added from a supplemental report

(26) Witness

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

(27) June 28 1923

(28) Alma W. Williams

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.