(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16807

Registration District No. 603A Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Frank Smalls (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Married

(7) DATE OF BIRTH June 8, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Mayor Smalls	(14) NAME BEFORE MARRIAGE Lucy Hamilton
(9) PRESENT POSTOFFICE OF FATHER Dale S.C.	(15) PRESENT POSTOFFICE OF MOTHER Dale S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Beaufort Co, S.C.	(18) BIRTHPLACE Beaufort Co S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farmers Wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma X Alston

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Dale S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness Walter Alston
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 27 1923 (28) E. T. Marle
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.