

## (1) PLACE OF BIRTH

County of

*Beaufort*  
*St. Helena*

Township of

or  
Inc. Town of  
or

City of

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

Registration District No.

*604*

Registered No.

*70*

(For use of Local Registrar)

## (2) Full Name of Child

*Massaline Smith*

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

(3) BOY OR  
GIRL?*Girl*(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH*May 10**1916*

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAME*Nector Smith*(9) PRESENT  
POSTOFFICE  
OF FATHER*Frogmore S.C.*(10) COLOR  
OR  
RACE*Negro*(11) AGE AT LAST  
BIRTHDAY*35*  
(Years)

(12) BIRTHPLACE

*S. C.*

(13) OCCUPATION

*Farmer*

## MOTHER

(14) NAME BEFORE  
MARRIAGE*Katherine Bradley*(15) PRESENT  
POSTOFFICE  
OF MOTHER*Frogmore S.C.*(16) COLOR  
OR  
RACE*Negro*(17) AGE AT LAST  
BIRTHDAY*28*  
(Years)

(18) BIRTHPLACE

*S. C.*

(19) OCCUPATION

*House wife*(20) Number of children born to  
mother, including present birth*8*(21) Number of children of this mother  
now living, including present birth*6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

*alive*

at

*4 A*

M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

By *Nector Smith*  
*his mark*

(23) (Signature)

*Samuel Lockwood*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Frogmore S.C.*Given name added from a supplement-  
tal report

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Registrar

(26) Witness

*W. E. Davies*  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

*5/13*

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*6*

(28)

*Geo. H. Crocker*

Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia

\*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.