

(1) PLACE OF BIRTH

County of Colleton  
Township of Beaufort

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

File No.—For State Registrar Only  
**45800**

Inc. Town of ..... Registration District No. H.O. Registered No. 1  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ernyene Willard Smyly } 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 10 1916  
Is he assumed only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Thomas Stephens Smyly

(9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 77 (Years)

(12) BIRTHPLACE Beaufort S.C.

(13) OCCUPATION Retired

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Phemie Williams

(15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Beaufort S.C.

(19) OCCUPATION Housewife

(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 born alive at 10 ..... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ernyene Willard Smyly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

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

(27) Filed 1-17 1916 (28) C. F. Jordan 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.

Registrar | ..... Local Registrar.

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MADE IN THE UNITED STATES OF AMERICA. PRINTED AT THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. IN CASE OF TWINS OR TRIPLETS, GIVE THE DATE AND TIME OF BIRTH OF EACH CHILD, AND MARK THE SEX OF EACH CHILD. IN CASE OF TWINS OR TRIPLETS, GIVE THE DATE AND TIME OF BIRTH OF EACH CHILD, AND MARK THE SEX OF EACH CHILD. IN CASE OF TWINS OR TRIPLETS, GIVE THE DATE AND TIME OF BIRTH OF EACH CHILD, AND MARK THE SEX OF EACH CHILD.