

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

(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

88706

Registration District No. Registered No. 1385

(For use of Local Registrar)

(2) Full Name of Child Francis Ravel Smythe 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 BIRTH Dec 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Augustine Thomas Smythe(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Attorney(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Marriott Ravel Birch(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION —(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 10 30 p M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

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Registrar

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

(27) Filed 17/12/16 (28) J. Mercer's Green M.D. 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.

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