

(1) FRANK

County of BeaufortTownship of BeaufortInc. Town of BeaufortCity of Beaufort

(If born outside of hospital or other institution, give name of place of birth of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1-1234567890381133Registration No. 33

(For use of Local Registrar)

(2) Full Name of Child Franklin M. Smith If child is not yet named, make supplemental report as directed(3) DATE OF BIRTH Nov 27 1923(4) TIME OF BIRTH 10:00 AM(5) PLACE OF BIRTH Beaufort SC(6) FULL NAME OF FATHER Franklin M. Smith(7) PRESENT RESIDENCE OF FATHER Beaufort SC(8) COLOR OR RACE White(9) AGE AT LAST BIRTHDAY 20 (Years)(10) BIRTHPLACE Wilmington NC(11) OCCUPATION Merchant Clerk(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1(13) NAME OF MOTHER Marion M. Smith(14) PRESENT RESIDENCE OF MOTHER Beaufort SC(15) COLOR OR RACE White(16) AGE AT LAST BIRTHDAY 20 (Years)(17) BIRTHPLACE Hendersonville NC(18) OCCUPATION Housewife(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 9:45 P.M. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) W. H. Ryan(22) State whether Physician or Midwife (23) Address of Physician or Midwife Beaufort SC

Given name added from a supplementary report

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

(25) Filed 1.11.1923 (26) Registrar Mrs. J. M. Ryan

When there was no attending physician or midwife, then the father, householder, etc., should make a report as soon as possible, but not later than the fifth month of pregnancy.