

(1) PLACE OF BIRTH

County of *Charleston*Township of *M. Char.*or
Inc. Town of *M. P. M.*

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

14073

Registration District No. *909* Registered No. *102*
(For use of Local Registrar)(2) Full Name of Child *Clarine Smith* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *one*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

May 22 1902

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Franklin Oscar Smith*(9) PRESENT ADDRESS *M. Charleston*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Chemist*Number of children born to father including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Flarence myer*(15) PRESENT POSTOFFICE OF MOTHER *M. Charleston Se*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.) *9:30 P.M.*(23) (Signature) *Dr. H. H. Bowers*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *North Charleston*

Given name added from a supplemental report

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

(27) Filed *May 26 1902* (28) *G. F. Myers* Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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