

# TECHNICAL SERVICES FOR AIRCRAFT

County of Beaufort.....  
 Township of Beaufort.....  
 or  
 Inc. Town of Tray's Hill.....  
 or  
 City of .....

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

(2) Full Name of Child Dorothy Bohannon

**File No.—For State Registrar Only**  
**13781**

Registered No. **2651**...  
(For use of Local Registrar)

St. . . . . Ward)

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

3) BOY OR  
GIRL? ☐

DR  
Gail

#### 4) Twin or Trick?

**To be answered only in event of Twins or Triplets**

(5) Number in order of birth

(6) **Are Parents Married?**

(7) DATE OF

BIRTH May 18 1922  
(Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME

Arthur Bobian

9) PRESENT  
POSTOFFICE  
OF FATHER

Boston S. G. R. F. 10

(10) COLOR OR RACE

**Colored**

(11) AGE AT LAST BIRTHDAY... 23 (Year)

121	BIRTHPLACE
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Boston S.C.

13 OCCUPATION

*James M. Smith*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Oliver at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour of day or P.M.)

(23) (Signature) Sophie Williams  
(M.D.) Physician or Midwife Physician or Midwife Address of Physician or Midwife

(21) State whether married, widowed, divorced, or single. mid wife. Benton: S.C.

Given name added from a supplement-  
al report

(20) **Witness**

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

**Registrar**

(27) ~~FILE~~

(27) File **FRANK, L. Z. (28) F.V.** Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make a report. 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.