

(1) PLACE OF BIRTH.

County of Horry  
Township of Beggsville  
or  
Inc. Town of Beggs  
or  
City of Beggs

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

File No.—For State Registrar Only  
**79556**

Registration District No. H2B Registered No. 68  
(For use of Local Registrar)  
(No. of hospital or other institution, give name of same instead of street and number.) St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child Ray B. Rank } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31 1916</u> (Name of Month) (Day) (Year)
FATHER:			MOTHER:	
(8) FULL NAME <u>Ransom L. Rank</u>	(14) NAME BEFORE MARRIAGE <u>Idela Smith</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Beggs</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Beggs</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Burcombe Co., NC</u>	(18) BIRTHPLACE <u>Burcombe Co., NC</u>			
(13) OCCUPATION <u>Machinist</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Wm. C. Beary, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Beggs, 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 Sept 1 1916 (28) Geo. L. Radwood 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.

PLEASE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark it.  
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.  
Caw. of Columbia