

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

88549

Registration District No. 604 Registered No. 175
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Benjamin Smith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH Dec. 1 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Smith
 (9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Sylvia Days
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 4 } (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. H. Lockwood

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

....., 191.....
 Registrar

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

(27) Filed 12/5/1916 (28) Geo. H. Lockwood 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.

CAUTION: TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.