

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of *Leon*

STATE OF SOUTH CAROLINA

For State Registrar Only  
64504

Township of *Chick*

Bureau of Vital Statistics  
State Board of Health

or  
Inc. Town of  
or

Registration District No. *2204*

Registered No. *63*  
(For use of Local Registrar)

City of

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

(2) Full Name of Child *Clara Bennett*

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

(3) BOY OR GIRL *only*

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *6-22-16*  
(Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME *M. M. Bennett*

(9) PRESENT POSTOFFICE OF FATHER *Green*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27*  
(Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *1*

### MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Sanderson*

(15) PRESENT POSTOFFICE OF MOTHER *Green*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*  
(Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Domestic*

(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 *born* at *Green* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *F. G. James*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Green*

Given name added from a supplemental report

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

(27) Filed *6-30* 191*6*. (28) *F. G. James*  
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.

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.

WRITE IN CASE OF 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.

McCaw, of Columbia, N. C.

McCaw