

## (1) PLACE OF BIRTH

County of *Williamsburg*Township of *Life*or  
Inc. Town of .....or  
City of .....

(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

30471

Registration District No. *4301* Registered No. *109*  
(For use of Local Registrar)(2) Full Name of Child *Queen Bennett* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 18, 1923*  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Jessie Bennett*  
(9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.*  
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *27*  
(12) BIRTHPLACE *S.C.*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Tucker*  
(15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*  
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23*  
(18) BIRTHPLACE *S.C.*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rachel Gambel*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Greenville S.C.*

(Given name added from a supplemental report)

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

(27) Filed *Sept 24, 1923* (28) *J. H. Bennett* 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.