

## (1) PLACE OF BIRTH

County of FlorenceTownship of Tims Bayor  
Inc. Town of .....

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

22197

Registration District No. 217 Registered No. 17  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)

2) Full Name of Child Lewis Benjamin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? g. g. (4) Twin or Triplet? ..... (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH June 5, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Norman Benjamin(9) PRESENT POSTOFFICE OF FATHER Tims Bay(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE St. Louis, Mo.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lennie Abry(15) PRESENT POSTOFFICE OF MOTHER Tims Bay(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Union, S. C.(19) OCCUPATION Farmer(20) 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 alive, at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. H. H. H.

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 June 11, 1922 (28) L. B. H. 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.

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