

## (1) PLACE OF BIRTH

County of Hampton  
Township of Peeples

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

30653

City of HamptonRegistration District No. 2402Registered No. 115  
(For use of Local Registrar)City of Hampton(No. 115 St. 115 Ward)

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

(2) Full Name of Child Cecil Bennett

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Irvin Bennett(9) PRESENT POSTOFFICE OF FATHER Varnville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Varnville(13) OCCUPATION Public Works(14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Corbin(15) PRESENT POSTOFFICE OF MOTHER Varnville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Varnville(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (New York, N. Y. & N. H.)(23) (Signature) Midwife Mrs S. Sheild (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Sept 15 1922 (28) H. Rogers 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.