

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH
 County of Lee
 Township of Bishopville
 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
49717

Registration District No. 3000 Registered No. 4
 (For use of Local Registrar)
 St.; Ward)
 (2) Full Name of Child Lulu B. Benson { If child is not yet named, make supplemental report as directed

(3) Boy or GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 17, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter Benson</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Josie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Lee Co</u>			(18) BIRTHPLACE <u>Lee Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lillian M. Wilson

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

Given name added from a supplement-
 tal report

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

(27) Filed Jan. 22, 1916 (28) Mrs. N. J. Loney Sub
 Registrar 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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