

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville S. C.</u>		STATE OF SOUTH CAROLINA		18945	
Township of <u>19th</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of.....		Registration District No.....		Registered No.....	
or				(For use of Local Registrar)	
City of.....		(No.St.;Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Winona Benjamin</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>14</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 24th 1920</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Sam Benjamin</u>			(14) NAME BEFORE MARRIAGE <u>Ellor Henderson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dyson</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dyson</u>		
(10) COLOR OR RACE <u>colored</u>		(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>colored</u>		(17) AGE AT LAST BIRTHDAY <u>45</u> (Years)
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>14</u>			(21) Number of children of this mother now living, including present birth <u>9</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ellor Henderson</u>			(25) Address of Physician or Midwife <u>96 S. C.</u>		
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report			(26) Witness <u>W. J. Fair</u> (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>July 4</u> 19 <u>20</u> (28) <u>E. L. Hester</u> 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.