

MARGIN RESERVED FOR READING.

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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		644	
Township of <i>St. P. St. M.</i>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
or City of.....		Registration District No. <i>209</i>		Registered No. <i>16</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <i>5 Mile</i> St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Juliette Benson</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 19 22</i>	
To be answered only in case of Twins or Triplets				(Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Benjamin Benson</i>			(14) NAME BEFORE MARRIAGE <i>Florence Warren</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Myers S. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Myers S. C.</i>		
(10) COLOR OR RACE <i>Col.</i>			(16) COLOR OR RACE <i>Col.</i>		
(11) AGE AT LAST BIRTHDAY <i>29</i>			(17) AGE AT LAST BIRTHDAY <i>25</i>		
(12) BIRTHPLACE <i>Bonneau's S. C.</i>			(18) BIRTHPLACE <i>Charleston Co.</i>		
(13) OCCUPATION <i>Labour at Phos. Mill</i>			(19) OCCUPATION <i>Housework</i>		
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>2</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was born <i>alive</i> at <i>10 P. M.</i> on the date above stated. (Born alive or stillborn) (Hour * M. or P. M.)					
(23) (Signature) <i>Barrie Spencer</i>					
(24) State whether Physician or Midwife <i>Midwife</i> (25) Address of Phys. or Midwife <i>6 Mile</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
..... 19			(27) Filed <i>Jan 21 19 22</i> (28) <i>C. F. Myers</i> Local Registrar		
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.