Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Foreston

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

Registration District No. 402

File No.—For State Registrar Only
13719

Registered No. 30
(For use of Local Registrar)

(No. ..... St.: ..... Ward)

(2) Full Name of Child Bennal & Bennard

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Twin

(5) Number in order of birth 10

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 5 (Name of Month) 26 (Day) 1922 (Year)

FATHER.

(8) FULL NAME Charles

(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Rayson

(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Bamberg Co

(19) OCCUPATION Home Life

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ann Stokes

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Smoaks S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 6/13 1922 (28) J. C. Smoak
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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