

(1) PLACE OF BIRTH

County of Berkeley
 Township of 2. S. 15. 1st
 or
 Inc. Town of
 or
 City of

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

Registration District No. 706

File No. - For State Registrar Only
3590

Registered No. 72
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Stella Bennett

(3) SEX OR CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 7 1923
 (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Lester Bennett
 (9) PRESENT POST OFFICE OF FATHER Jamesville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)
 (12) BIRTHPLACE Beaufort
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Smith
 (15) PRESENT POST OFFICE OF MOTHER Jamesville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE
 (19) OCCUPATION at home
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(25) Witness

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

(26) Filed Oct 28 1923

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, or should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
 before the fifth month of pregnancy.