

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. P. St. M.*

Inc. Town of .....

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

No. 10.—For State Registrar Only

3292

Registration District No. *909* Registered No. *32*  
(For use of Local Registrar)(No. *7* Mile *St.*) ..... Ward)(2) Full Name of Child *Viola Benson* (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD *girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Feb 26 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Ben Benson*(9) PRESENT POSTOFFICE OF FATHER *North Charleston*(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *22*  
(Year)(12) BIRTHPLACE *Cordesville S.C.*(13) OCCUPATION *Labner at Sawmill*(14) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Maria Smaller*(15) PRESENT POSTOFFICE OF MOTHER *North Charleston*(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *18*  
(Year)(18) BIRTHPLACE *Cordesville S.C.*(19) OCCUPATION *Housework*(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 *born alive* at *11 A.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Rosa Bennett*

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

*Midwife*

(Given name added from a supplemental report)

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

(26) Filed *Feb 5 1923* (27) *B. F. Myers* 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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1. In case of twins or triplets use a separate blank for each child, and make the first-born, No. 1, the others, No. 2, etc., in question 1.

2. In case of stillbirths, make a separate blank for each child, and make the first-born, No. 1, the others, No. 2, etc., in question 1.

3. In case of stillbirths, make a separate blank for each child, and make the first-born, No. 1, the others, No. 2, etc., in question 1.