

(1) PLACE OF BIRTH

County of Union
 Township of Rockwell
 or
 Inc. Town of —
 or

City of — (No. —)
 (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. 37883—For State Registrar Only

Registration District No. 4701

Registered No. 117
 (For use of Local Registrar)

St. — Ward —

(2) Full Name of Child

May A. Bennett
 If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD —
 (4) Type —
 (5) Number in order of birth —
 To be answered only in event of Twins or Triplets

FATHER.

(6) FULL NAME W. A. Bennett
 (7) PRESENT POSTOFFICE OF FATHER Buffalo, N. Y.
 (8) COLOR OR RACE White
 (9) BIRTHPLACE Michigan
 (10) OCCUPATION —
 (11) AGE AT LAST BIRTHDAY 35
 (12) Number of children born to mother, including present birth 3

MOTHER.

(13) NAME BEFORE MARRIAGE Miss Morgan
 (14) PRESENT POSTOFFICE OF MOTHER Buffalo, N. Y.
 (15) COLOR OR RACE White
 (16) BIRTHPLACE Michigan
 (17) AGE AT LAST BIRTHDAY 35
 (18) OCCUPATION —
 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at 4 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) —

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife —

Given name added from a supplemental report

(24) Witness

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

(25) Filed 12-10-23

(26) 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.