

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 5.

J. Caw. of Columbia.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Mokey Hillor
Inc. Town ofor
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

File No. For State Registrar Only

74230

Registration District No. 3609 Registered No. 153

(For use of Local Registrar)

(2) Full Name of Child James Benjamin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

7. 6. 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Pro Benjamin

(9) PRESENT POSTOFFICE OF FATHER

Mokey Hill

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

O.C.

(13) OCCUPATION

Farmer

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

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Fattie Snee

(15) PRESENT POSTOFFICE OF MOTHER

Mokey Hill

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

O.C.

(19) OCCUPATION

Housewife

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

{ 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deton S. Green Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Ernie McCoy

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

(27) Filed 8. 30. 1916 (28) Deton S. Green

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.