

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

No. 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 *Honey Hill*
 or
 Inc. Town of
 or
 City of

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)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>7. 6. 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Pro Benjamin*

(9) PRESENT POSTOFFICE OF FATHER *Honey Hill*

(10) COLOR OR RACE *Black*

(11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *D.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 *Honey Hill*

(16) COLOR OR RACE *Black*

(17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *D.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. (Hour A. M. or P. M.)

(23) (Signature) *Detroy S. Green*
 (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 mother)
 (27) Filed *8. 30. 16* (28) *E. J. McCoy* 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.