

(1) PLACE OF BIRTH

County of Anderson
 Township of Irish Creek
 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. 1410

File No. - For State Registrar Use

382003869Registered No. 44
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Norman Edwin Bennett If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (2) Twin or Triplet ☒ (3) Number in order of birth 5th (4) Are Parents Married Yes (5) DATE OF BIRTH Oct 7, 1923
 (Name of Month) (Day) (Year)

FATHER. (6) FULL NAME Norman E. Bennett (14) NAME BEFORE MARRIAGE Hattie A. Wiley
 (7) PRESENT POSTOFFICE OF FATHER Suscho S.C. R.F. 2 (15) PRESENT POSTOFFICE OF MOTHER Suscho S.C. R.F. 2
 (8) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)
 (9) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
 (10) OCCUPATION Farmer (19) OCCUPATION Home Work
 (20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) H.M. Carter (24) State whether Physician or Midwife (25) Address of Physician or Midwife Suscho S.C.

(When name added from a supplemental report)

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

(27) Filed 10/14/24 (28) R. M. Harris Registrar

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