

(1) PLACE OF BIRTH

County of Darlington
Township of Society 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

18367

Registration District No. 1510 Registered 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 Marcy Benjamin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (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 June 15 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Huley Benjamin

(14) NAME BEFORE MARRIAGE Cara Hendrix

(9) PRESENT POSTOFFICE OF FATHER Society Hill S.C.

(15) PRESENT POSTOFFICE OF MOTHER Society Hill

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

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 A. M. or P. M.)

(23) (Signature) M. J. Sims
(24) State, whether Physician or Midwife South Carolina (25) Address of Physician or Midwife Soc. Hill

Given name added from a supplemental report

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

(27) Filed June 16 22 (28) M. J. Sims 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.