

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston S.C.

(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

3182

Registration District No. 9 A Registered No. 264  
(For use of Local Registrar)  
Ward) Roper Hospital St. ....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Carrie Bernhardt Bennett If child is not yet named, make supplemental report as directed(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1923  
(Name of Month) (Day) (Year)FATHER  
(8) FULL NAME William Bennett(9) PRESENT POSTOFFICE OF FATHER 16 John St Charleston S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Adams Run S.C.(13) OCCUPATION laborerMOTHER  
(14) NAME BEFORE MARRIAGE Lida Streeter(15) PRESENT POSTOFFICE OF MOTHER 10 John St Charleston S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Dom(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Charleston S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. J. Woods, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/6 1923 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.