

## (1) PLACE OF BIRTH

County of UnionTownship of pankneyor  
Inc. Town of .....

City of .....

(No. .... St.; .... Ward)

(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

53985

Registration District No. 420 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Thermon Bener

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 4, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Charlie Bener(9) PRESENT POSTOFFICE OF FATHER Stelton S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Rice(15) PRESENT POSTOFFICE OF MOTHER Stelton S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth } 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Leader

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

midwife Stelton S.C.

Given name added from a supplemental report

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

(27) Filed Mar 1914 (28) D. G. Gallman 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.

MARKING PRESERVED FOR BINDING.  
 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 2.  
 McCay, of Columbia.