

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Cherokee*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4003*

File No.—For State Registrar Only

*5250*Registered No. *14*
(For use of Local Registrar)

(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

Ray Bennett

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

3 SEX OR
GIRL*Boy*4 Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married*yes*

(7) DATE OF

BIRTH

Feb 27, 1925
(Name of Month) (Day) (Year)

FATHER.

8 FULL
NAME*Julius C. Bennett*9 PRESENT
POSTOFFICE
OF FATHER*Greenville S.C.*(10) COLOR
OR
RACE*white*(11) AGE AT LAST
BIRTHDAY*34*
(Years)

(12) BIRTHPLACE

Spartanburg Co.

(13) OCCUPATION

Farmer & Merchant

MOTHER.

(14) NAME BEFORE
MARRIAGE*Mattie Smith*(15) PRESENT
POSTOFFICE
OF MOTHER*Greenville S.C.*(16) COLOR
OR
RACE*white*(17) AGE AT LAST
BIRTHDAY*38*
(Years)

(18) BIRTHPLACE

Spartanburg Co.

(19) OCCUPATION

Domestic(20) Number of children born to
mother, including present birth*6*(21) Number of children of this mother
now living, including present birth*6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *chore* at *9 P. M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Physician

(25) Address of Physician or Midwife

*Greenville S.C.*Given name *L. A. Piser* from a supplement-
al report*5126/144**19*

Registrar

(26) Witness

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

(27) Filed

Feb 27, 1925

(28)

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.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.