

(1) PLACE OF BIRTH

County of KershawTownship of Waltonor
Inc. Town ofor
City of

(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

90430

Registration District No. 214 Registered No. 718

(For use of Local Registrar)

(2) Full Name of Child Polly Benson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Benson(9) PRESENT POSTOFFICE OF FATHER Lugoff St(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE County(13) OCCUPATION Farm labor(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mina Harrison(15) PRESENT POSTOFFICE OF MOTHER Lugoff St(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE County(19) OCCUPATION Farm labor(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 2 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Harrison

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

Given name added from a supplemental report

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Registrar

(26) Witness F. L. Burdell

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

(27) Filed 2/25/1916 (28) L. H. Harrison 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.