

(1) PLACE OF BIRTH

County of Kershaw
Township of Walton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

file no.—For State Registrar Only

90430

Inc. Town of Registration District No. 2114 Registered No. 718
(For use of Local Registrar)

City of (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 Polly Benson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 10, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Benson

(9) PRESENT POSTOFFICE OF FATHER Lugoff SC

(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 SC

(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 9 M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luna G. Harrison
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness F. J. Burdell
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/25/16 (28) L. R. ... 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.

FIRST-BORN. No. 1. TIME OTHER. No. 2. etc. in question 5.
County of Columbia