

Form No. 1

(1) PLACE OF BIRTH

County of

Township of S.....

or

Loc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 60313

File No.—For State Registrar Only

37329

Registered No. 95
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Wesley Bennett If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ben Bennett

(9) PRESENT POSTOFFICE OF FATHER Yemassee

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 60 (Years)

(12) BIRTHPLACE Beaufort Co

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Yemassee

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE Beaufort Co

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

(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 Yemassee on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rita Mayne

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Yemassee 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 Nov 16, 1922 (28) Patrick Wagg 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.