

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*Inc. Town of *Charleston*City of *Charleston*

(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

No. *768* - For State Register Only

768

Registration District No. *101* Registered No. *768*

(For use of Local Registrar)

(2) Full Name of Child *Ervin Bennett*

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

(3) SEX OF CHILD <i>Male</i>	(4) Type of Birth <i>Normal</i>	(5) Number in order of birth <i>1</i>	(6) Age of Mother <i>23</i>	(7) Date of Birth <i>Aug 23 1923</i>
FATHER			MOTHER	
(8) FULL NAME <i>Ervin Bennett</i>			(14) NAME OF MOTHER <i>Ervin Bennett</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>St Paul St.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>St Paul St.</i>	
(10) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>21</i>	(16) COLOR OR RACE <i>Black</i>	(17) AGE AT LAST BIRTHDAY <i>17</i>	
(12) BIRTHPLACE <i>Charleston Co. S.C.</i>			(18) BIRTHPLACE <i>Charleston Co. S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House wife</i>	
(20) Number of children born to mother, including present birth <i>One</i>			(21) Number of children of this mother now living, including present birth <i>One</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (M., M. or P. M.)(23) (Signature) *Ervin Bennett*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Johnny King*

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

(27) Filed *Aug 23 1923*

(28)

(29) Registrar *Johnny King*

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.

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.