

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of Beesonville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
30925Registration District No. 2-8-6Registered No. 119
(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

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ellie A. Bennett

(9) PRESENT POSTOFFICE OF FATHER

Heath Springs, S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE

Lancaster Co

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Lois R. Hammond

(15) PRESENT POSTOFFICE OF MOTHER

Heath Springs, S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 39
(Years)

(18) BIRTHPLACE

Kershaw Co

(19) OCCUPATION

Domestic

(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 born alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Rutledge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 10, 1922(28) E. F. Hammond

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.

MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.