

N. B.—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.

McCALL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
 Township of York
 OR
 Inc. Town of York
 OR
 City of F. H. M. S. B.

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

File No.—For State Registrar Only

32746

Registration District No. 4406 Registered No. 84
 (For use of Local Registrar)

(2) Full Name of Child Grover Stephenson Benson (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>11 29 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Grover Stephenson Benson</u>			(14) NAME BEFORE MARRIAGE <u>Grace Ewing</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>F. H. M. S. B.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>F. H. M. S. B.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>		
(12) BIRTHPLACE <u>22-10</u>		(18) BIRTHPLACE <u>F. H. M. S. B.</u>		
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Grover at 4:30 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
1-11 M. S. B.

Given name added from a supplemental report

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

(27) Filed 10/11-22 (28) A. F. Parker
 Registrar 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.

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