

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Grove
 or
 Inc. Town of

City of

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

(2) Full Name of Child Tiny Bennett

File No.—For State Registrar Only

6285

Registration District No. 209 Registered No. 13
 (For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH March 31, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donk Knott
 (9) PRESENT POSTOFFICE OF FATHER Donk Knott
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Bennett
 (15) PRESENT POSTOFFICE OF MOTHER Sally S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Laborer
 (21) Number of children of this mother now living, including present birth 2

(20) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine Taylor
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sally S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/1/22 (28) Chas. H. Sallee 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.