

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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

File No.—For State Register Only

3206

293

Registration District No.

Registering No.

(For use of Local Registrar)

2) Full Name of Child John Lee Bennett If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or triplet? blended with a child in a litter (5) Number in order of birth 110 (6) Are parents married? 110 (7) DATE OF BIRTH Feb 18 1923 (Month of Month) (Day) (Year)(8) FULL NAME Peter Washington FATHER (9) FULL NAME John Bennett MOTHER(10) PRESENT POSTOFFICE OF FATHER Charleston (11) PRESENT POSTOFFICE OF MOTHER Charleston(12) COLOR OR RACE C.C. (13) AGE AT LAST BIRTHDAY 38 (Years) (14) COLOR OR RACE C.C. (15) AGE AT LAST BIRTHDAY 30 (Years)(16) BIRTHPLACE Charleston (17) BIRTHPLACE Wilmington, Delaware(18) OCCUPATION Texting Worker (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Reynolds Hospital

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Feb 20 1923 (28) John Lee Bennett 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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