

PLACE OF

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

STATE OF SOUTH CAROLINA

41477-2

Bureau of Vital Statistics

State Board of Health

Relationship of _____

Registration District No. 39 Registered No. _____
(For use of Local Registrar)

Town of _____

(No. _____ St.; _____ Ward)

or _____

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

FULL NAME OF

HILDA Bennough

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

BOY OR GIRL

4. Triplet

5 Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

May 3 1915
(Name of Month (Day) (Year)

FATHER

MOTHER

FULL NAME W.ress M. Bennough14. NAME BEFORE MARRIAGE Betha WillinghamRESIDENCE Anderson SC15. PRESENT POSTOFFICE Anderson SC11. AGE AT LAST BIRTHDAY 22
(Years)16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 18
(Years)

PLACE

18. BIRTHPLACE

PATION

19. OCCUPATION H.M.

CU

21. Number of children of this mother {
now living, including present birth {

of children born to including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 3rd 1915 at M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P. M.)23. Signature W.ress M. Bennough M.D.
24. State whether Physician or Midwife 25. Address of Physician or Midwife26. _____
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed _____ 19 _____ 28. _____
Local Registrar.

added from a supplemental report

1929

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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