

(1) PLACE OF BIRTH

County of AndersonTownship of Andersonor
Inc. Town ofor
City of

(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 Registrar Only

29384

Registration District No. 3A Registered No. 29384

(For use of Local Registrar)

(2) Full Name of Child Benjamin Osborne child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u>
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FATHER.

(8) FULL NAME Minnie A. Osborne(9) PRESENT POSTOFFICE OF FATHER Anderson S. C.(10) COLOR White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Gen. Car.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Feltman(15) PRESENT POSTOFFICE OF MOTHER Anderson S. C.(16) COLOR White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE South Car.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Daniels

(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 (28) 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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THIS IS A PERMANENT RECORD.
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THIS CHILD, No. 2, ETC., IN QUESTION 6.

State of Columbia