Form No. 1

(1) PLACE OF BIRTH

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

County of *Richland* Co

File No.—For State Registrar Only

12555

Township of ....
or
Inc. Town of *Columbia*
or
City of ....

Registration District No. *3804ª* Registered No. *66*
(For use of Local Registrar)

(No. *Montingolio* st. *Road* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Benjimon Bethea* .... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*	(4) Twin or Triplet *one*	(5) Number in order of birth *4*	(6) Are Parents Married *yes*	(7) DATE OF BIRTH *Oct 7* *1923*
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.	**MOTHER.**
(8) FULL NAME *Benjimon Bethea*	(10) NAME BEFORE MARRIAGE *Annie Bethea*
(9) PRESENT POSTOFFICE OF FATHER *Columbia*	(15) PRESENT POSTOFFICE OF MOTHER *Columbia*
(10) COLOR OR RACE *Color* (11) AGE AT LAST BIRTHDAY *26* (Years)	(16) COLOR OR RACE *Color* (17) AGE AT LAST BIRTHDAY *24* (Years)
(12) BIRTHPLACE *Richland Co*	(18) BIRTHPLACE *Sumter Co*
(13) OCCUPATION *labor*	(19) OCCUPATION *house keeping*
(20) Number of children born to mother, including present birth *4*	(21) Number of children of this mother now living, 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 *6 P M*
on the date above stated.   (Born alive or stillborn)   (Hour A. M. or P. M.)

(23) (Signature) *Lizzie Murphy mid wife*
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
R S S, Rt of Ridgeway

Given name added from a supplemental report

.... 19 ....
Registrar

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

(27) Filed *Jan 10* 19*24* (28) *L M Taylor*
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.