

(1) PLACE OF BIRTH

County of Flourence
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10443

Registration District No. 2005Registered No. 16
(For use of Local Registrar)

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

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

(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH April 30 23
 (Month) (Day) (Year)

FATHER: (8) FULL NAME Herakiah Addison (14) NAME BEFORE MARRIAGE Sydia Jean
 (9) PRESENT POST OFFICE OF FATHER Flourence Co. (15) PRESENT POST OFFICE OF MOTHER Flourence Co.
 (10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Martha Burnett(24) State whether Physician or Midwife 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

APR 30 1923

(28)

P. N. Brichau
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.