

(1) PLACE OF BIRTH

County of Washington
 Township of Trinity
 OR Chapel
 Inc. Town of Washington
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1-2-3

No. 42023 - for State Registrar
 (For use of Local Registrar)

Registered No. 48
 (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 Isabel Benlain

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

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Are Parents Married? No (7) DATE OF BIRTH Mar 2 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Nathan Benlain(14) NAME BEFORE MARRIAGE Ada Rush(9) PRESENT POSTOFFICE OF FATHER Blairsville(15) PRESENT POSTOFFICE OF MOTHER Blairsville S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Year)(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Year)(12) BIRTHPLACE -(18) BIRTHPLACE S.C.(13) OCCUPATION -(19) OCCUPATION Farm work(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 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) Signature Rebecca Train Blair
 (24) Name of Physician or Midwife (25) Address of Physician or Midwife Washington

Given name added to report

Address of child's home, including street and number (If child is illegitimate, give name of mother)