

Form No. 1

## (1) PLACE OF BIRTH

County of Orange  
 Township of Orange  
 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

31547

Registration District No. 430Registered No. 86  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Benjamin Franklin (If child is not yet named, state date of birth and name of child.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Franklin  
 (9) PRESENT POSTOFFICE OF FATHER Walhalla 23  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE Columbia S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Freyer Matteson  
 (15) PRESENT POSTOFFICE OF MOTHER Walhalla  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
 (Years)  
 (18) BIRTHPLACE Columbia  
 (19) OCCUPATION Housewife  
 (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 White at 1922 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) William F. Bennett  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

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

(27) Filed Sept 16 1922 (28) W. F. Bennett  
 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.

MARGIN RESERVE FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3. MICHIGAN, COLUMBIA, S. C.