

## (1) PLACE OF BIRTH

County of *Harney*Township of *Grand*or  
Inc. Town of  
or  
City of

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

Registration District No. *2506*Registered No. *19*  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**56304**(2) Full Name of Child *Oletha Benton*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Apr 22 1906*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *J. I. Benton*(9) PRESENT POSTOFFICE OF FATHER *Tabor NC RFD #2*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *44*  
(Years)(12) BIRTHPLACE *Brunswick Co. NC*(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth

*Three*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mollie M. Lamb*(15) PRESENT POSTOFFICE OF MOTHER *Tabor NC RFD #2*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *36*  
(Years)(18) BIRTHPLACE *Brunswick Co. NC*(19) OCCUPATION *House wife*

(21) Number of children of this mother, now living, including present birth

*Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *12<sup>05</sup> A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. I. Benton*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Tabor NC RFD #2*

Given name added from a supplemental report

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) *Apr 22 1906* (28) *S. D. Bryant* 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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