

N. B.—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 5.

McCaw, of Columbia.

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|---|----------------------|---|--|---|--|
| (1) PLACE OF BIRTH County of <u>Rich</u> Township of <u>Bishopville</u> 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.) | | STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health | | File No. — For State Registrar Only 90688 | |
| (2) Full Name of Child <u>Charlie Benjamin</u> | | Registration District No. <u>8000</u> | | Registered No. <u>131</u> (For use of Local Registrar) | |
| (3) BOY OR GIRL <u>BOY</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 2</u> 19 <u>16</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Jerry Benjamin</u> | | | (14) NAME BEFORE MARRIAGE <u>Lerna Simon</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u> | | |
| (10) COLOR OR RACE <u>Black</u> | | | (16) COLOR OR RACE <u>Black</u> | | |
| (11) AGE AT LAST BIRTHDAY _____ (Years) | | | (17) AGE AT LAST BIRTHDAY _____ (Years) | | |
| (12) BIRTHPLACE <u>Near Bishopville S.C.</u> | | | (18) BIRTHPLACE <u>Near Bishopville S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Nurse Keeper</u> | | |
| (20) Number of children born to mother, including present birth { <u>11</u> | | | (21) Number of children of this mother now living, including present birth { <u>11</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4:30 P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>L. H. H. H.</u> | | | | | |
| (24) State whether Physician or Midwife (25) Address of Physician or Midwife | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness <u>A. B. D. B.</u> (Signature of Witness necessary only when question 23 is signed by mark) | | | | | |
| (27) Filled <u>Dec 6 1917</u> (28) <u>W. H. J. Roney</u> 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. | | | | | |