

(1) PLACE OF BIRTH

County of Surry
Township of Conroy
or
Inc. Town of

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

No. for State Registrar only
24944

Registration District No. 2502 Registered No. 114
(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 Thomas Williams Benton child is not yet one make supplemental report if directed

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 Apr 12 23
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME William Edward Benton
9) PRESENT POSTOFFICE OF FATHER Wadesboro S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 52 (Years)
12) BIRTHPLACE Henry County
13) OCCUPATION Farmer

MOTHER.
14) NAME BEFORE MARRIAGE Maggie West
15) PRESENT POSTOFFICE OF MOTHER Wadesboro S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 47 (Years)
18) BIRTHPLACE Henry County
19) OCCUPATION
20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. D. Owen (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given Yes added from a supplemental report
M.B. Woodward, M.D.
19 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 29 1923 (28) J. D. Owen 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.

Registrar J. D. Owen Local Registrar
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