

1. PLACE OF BIRTH

County of Larlington
 Township of Hartsville

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

File No.—For State Registrar Only
3889

2. Town of Registration District No. 1502 Registered No. 14
 (For use of Local Registrar)

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

4. Full Name of Child Bennie June Gings If child is not yet named, make supplemental report as directed

5. (4) Twin or triplet? no (5) Number in order of birth 1 (6) Age Parents 40 Married 8 (7) DATE OF BIRTH Feb. 28, 1912
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(11) NAME BEFORE MARRIAGE <u>Bennie Holman Gings</u>	(14) NAME BEFORE MARRIAGE <u>Adie Moody</u>	(12) PRESENT POSTOFFICE OF FATHER <u>Hartsville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville S.C.</u>
(13) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(18) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(19) BIRTHPLACE <u>S.C.</u>	(20) BIRTHPLACE <u>S.C.</u>	(21) OCCUPATION <u>Farmer</u>	(22) OCCUPATION <u>Housewife</u>
(23) Number of children of this father now living, including present birth <u>7</u>		(24) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William L. Syerly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hartsville, S.C.

When name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 10 1912 (28) W. J. McKee 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

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