

(1) PLACE OF BIRTH
County of Richland
Township of Springfield

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

No. 18919

Inc. Town of Springfield
City of Springfield S.C.

Registration District No. 28 Registered No. 488

(2) Full Name of Child Benjamin Dudley
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 June 16, 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Tillman Yar.

(9) PRESENT POSTOFFICE OF FATHER Springfield S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Year)

(12) BIRTHPLACE Springfield S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Bulah M. Call

(16) PRESENT POSTOFFICE OF MOTHER Springfield S.C.

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 36
(Year)

(19) BIRTHPLACE Blumheim S.C.

(20) OCCUPATION Domestic

(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 Norma Alina at 5:06 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Clarence E. Owens

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 130 S. Kausel St.

Given name added from a supplemental report

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

(27) Filed July 17, 1928 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.

Before the fifth month of pregnancy.