

Form No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of P.O. Bluff  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27214

Registration District No. 3305 Registered No. 100  
 (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 John B. Benton If child is not yet named, make supplemental report as 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 June 7, 1925  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8 FULL NAME <u>Will Benton</u>	14 NAME BEFORE MARRIAGE <u>Rudie Bee Smith</u>	9 PRESENT POSTOFFICE OF FATHER <u>Burkettsville SC</u>	15 PRESENT POSTOFFICE OF MOTHER <u>McClellan SC</u>
10 COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	16 COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	12 BIRTHPLACE <u>Chesaw SC</u>	18 BIRTHPLACE <u>Rabersom Co NC</u>
13 OCCUPATION <u>Farmer</u>	19 OCCUPATION <u>Domestic</u>	20 Number of children born to mother, including present birth <u>2</u>	21 Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Mason (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McClellan SC

Given name added from a supplemental report

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

(27) Filed Aug 1, 1925 (28) J. M. Mason 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.