

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

26283

Registration District No. 4003

Registered No. 6X
(For use of Local Registrar)(2) Full Name of Child James Bennett (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

boy

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married

(7) DATE OF BIRTH July 29 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Bennett

(9) PRESENT POSTOFFICE OF FATHER

Euree, S.C. # 2.

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Cross Branch, S.C.

(13) OCCUPATION

Farmer laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Ashie Bennett

(15) PRESENT POSTOFFICE OF MOTHER

Euree, S.C. # 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

Cross Branch, Union Co., S.C.

(19) OCCUPATION

at home

(20) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn. (Hour, A.M. or P.M.))

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Aug 13 1920

(28)

C. D. Hansen

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.

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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 4

Bureau of Columbia, Columbia, S. C.