

Form No. 1

(1) PLACE OF BIRTH

County of Dillon S.C.
 Township of Maning
 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

42115

Registration District No. 1605 Registered No. 20
 (For use of Local Registrar)

City of (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 Sallie Benson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 29, 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Benson
 (9) PRESENT POSTOFFICE OF FATHER Dillon S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE J.D. Maning place
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Enolia James
 (15) PRESENT POSTOFFICE OF MOTHER Dillon S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY..... (Years)
 (18) BIRTHPLACE J.D. Maning place
 (19) OCCUPATION Farming
 (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..... at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Leggett
 (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 1/9 19 23 (28) W. J. Rogers 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.

N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.