

(1) PLACE OF BIRTH

County of **Greenville**Township of **Paris Mountain**or
Inc. Town of
orCity of **Greenville** (No. **RFD** St.; **Ward**)
(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

42799

Registration District No. **92.14** Registered No. **56**
(For use of Local Registrar)

(2) Full Name of Child..... { 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 (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Dec. 17, 1922**
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME **O.A. Bennetfield**(14) NAME BEFORE MARRIAGE **Mattalee Roach**(9) PRESENT POSTOFFICE OF FATHER **RFD#4 Travelers Rest**(15) PRESENT POSTOFFICE OF MOTHER **RFD#4 Travelers Rest**(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **25**
(Years)(16) COLOR OR RACE **white** (17) AGE AT LAST BIRTHDAY **23**
(Years)(12) BIRTHPLACE **Alabama**(18) BIRTHPLACE **SO. Car.**(13) OCCUPATION **Farmer**(19) OCCUPATION **Housewife**(20) Number of children born to mother, including present birth { **3**(21) Number of children of this mother now living, including present birth { **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **M.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **John B. Hester**

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

physician**Greenville**

Given name added from a supplemental report

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

(27) Filed **Jan 10 1923** (28) **John B. Hester** 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.