(1) PLACE OF BIRTH

County of Barnwell

Township of Sycamore

or

Inc. Town of ..... Registration District No. 511 Registered No. 66

or (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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43116

(2) Full Name of Child Price Benton

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

(3) BOY OR ~~GIRL?~~	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb. 24, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Sam Benton	(14) NAME BEFORE MARRIAGE Rubercar Allen
(9) PRESENT POSTOFFICE OF FATHER Sycamore	(15) PRESENT POSTOFFICE OF MOTHER Sycamore
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Barnwell Co	(18) BIRTHPLACE Barnwell Co
(13) OCCUPATION work on Farm	(19) OCCUPATION work on Farm
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Sullivan

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

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Mar 1 1916 (28) J. C. Wagner
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.

Form No. 10. NEARLY ALL REGISTRARS HAVE BLANKS. WRITE FOR ADDING INK—THEN IN A REPARABLE BLANK FOR CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.
McCaw, of Columbia.