

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of Oypressor  
Inc. Town of .....or  
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

29088

Registration District No. 9001Registered No. 23  
(For use of Local Registrar)(2) Full Name of Child Rosa Benjamin

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 17, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mayie Benjamin(9) PRESENT POSTOFFICE OF FATHER Bishopville(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE Darlington(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Green(15) PRESENT POSTOFFICE OF MOTHER Bishopville(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24  
(Year)(18) BIRTHPLACE Florence(19) OCCUPATION Domestic(20) 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 Alice at 2 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary V. Boston

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

(Given name added from a supplemental report)

(26) Witness Mary V. Boston  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7/25/23 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.