

(1) PLACE OF BIRTH

County of AikenTownship of Windsoror
Inc. Town ofor
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

Registration District No. 215 Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child Laurie Bennett (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Girl (4) Twin or yes (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bert Bennett(9) PRESENT POSTOFFICE OF FATHER Windsor(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Aiken(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Erine Oswalt(15) PRESENT POSTOFFICE OF MOTHER Windsor(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Aiken Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:50 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eoline Starn(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

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

(27) Filed July 31, 1922 (28) O. L. Windsor Local Registrar.

*When there was no attending physician or midwife, then the mother, 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.