

MAINTAIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
MEDICAL COLUMN, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lowndes
Township of Cedar Creek
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
30915

Registration District No. 2802 Registered No. 45-
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Ward)

(2) Full Name of Child Alberta Benson

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
(State of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Benson
(9) PRESENT POSTOFFICE OF FATHER Stonewall B#
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE Lowndes
(13) OCCUPATION Hammer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Ellen Benson
(15) PRESENT POSTOFFICE OF MOTHER Stonewall B#
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY..... (Years)
(18) BIRTHPLACE Lowndes Co
(19) OCCUPATION Hammer
(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... Alive... at... 8 A.M.... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary K. Benson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowndes

Given name added from a supplemental report

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

(27) Filed Sept 20 1922 (28) Dr. A. L. Lanthier 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.