

(1) PLACE OF BIRTH

County of *Richland*Township of *Albany*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

23934

Registration District No.

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

Lizell Bennett

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

3

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Aug 31 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

William Bennett

(9) PRESENT POSTOFFICE OF FATHER

McBee AC

(10) COLOR OR RACE

neg

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

AC

(13) OCCUPATION

Unmarried Labor

(14) NAME BEFORE MARRIAGE

Miss Collins

(15) PRESENT POSTOFFICE OF MOTHER

McBee AC

(16) COLOR OR RACE

W.C.

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

AC

(19) OCCUPATION

Housework

(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 at 10 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma Collier

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McBee AC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 4 1923

(28) 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.