

Form No. 1.

## (1) PLACE OF BIRTH

County of *Edgefield*Township of *Edgewood*

or

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  
52026Registration District No. *17*Registered No. *1806*  
(For use of Local Registrar)

St.: ..... Ward

(2) Full Name of Child. *Levis Bennett*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth	(6) Age Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Mar. 15</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>Aaron Bennett</i>			(14) NAME BEFORE MARRIAGE <i>Lucie Crahan</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>W. Augusta</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>W. Augusta</i>	
(10) COLOR OR RACE <i>Colored</i>			(16) COLOR OR RACE <i>Colored</i>	
(11) AGE AT LAST BIRTHDAY <i>23</i> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <i>20</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>Edgefield</i>			(18) BIRTHPLACE <i>Edgefield</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 o'clock A.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary J. P. Higgins*

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *Mar. 24 1914* (28) *Mrs. P. C. Levenson* 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.

McCaw, of Columbia.