

1. PLACE OF BIRTH  
County of Charleston  
Township of .....

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

48368

Inc. Town of Charleston or  
City of Charleston (No. 121)  
(If birth occurs in a hospital or other institution, give name of street and number.)  
Registration District No. 9A Registered No. 135  
(For use of Local Registrar)  
Sl.; 9 Ward

(2) Full Name of Child Benjamin Ephraim  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 5 1906  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Benjamin Ephraim  
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Blackville S.C.  
(13) OCCUPATION Barber  
(20) Number of children born to mother, including present birth Second

MOTHER.  
(14) NAME BEFORE MARRIAGE Irene Murray  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Columbia S.C.  
(19) OCCUPATION Wife  
(21) Number of children of this mother now living, including present birth Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was Born alive at 130 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. R. R. Wilson, M.D.  
(24) Station of Physician or Midwife (25) Address of Physician or Midwife  
Physician Charleston S.C.

Given name added from a supplemental report  
James G. Green 1906  
J. R. R. Wilson  
Reg. State Registrar  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed 7/7 1906 J. R. R. Wilson, M.D. 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.

THIS IS A PERMANENT RECORD.  
WHEN FILLING, WRITE UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
M.M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.