

(1) PLACE OF BIRTH
 County of Colleton
 Township of Blake
 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
45903

Registration District No. 1402 Registered No. 3
 (For use of Local Registrar)

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

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan, 18, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Isiah Eugene
 (9) PRESENT POSTOFFICE OF FATHER Yucc Pond Se
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Colleton Co
 (13) OCCUPATION farm laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Theresa Barnwell
 (15) PRESENT POSTOFFICE OF MOTHER Yucc Pond Se
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE Colleton Co
 (19) OCCUPATION farm laborer

(20) Number of children born to mother, including present birth 1 (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 B. alive at 12.7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isaac H. Hamilton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Yucc Pond Se

Given name added from a supplemental report

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

(27) Filed 1.27.1916 (28) R. F. Huggins 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.