

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

(3) SEX OR
CHILD

boy

(4) Type
or Fringe

To be answered only in case of Type or Fringe

(5) Number in
order of birth(6) Are
Twin

yes

(7) DATE OF
BIRTH

(Name of Month)

(Day)

(Year)

(8) FULL
NAME

Lemuel Bennett

(9) PRESENT
RESIDENCE
OF FATHER

Govan Se

(10) COLOR
OR
RACE

col

(11) AGE AT LAST
BIRTHDAY

3 2

(12) BIRTHPLACE

Se

(13) OCCUPATION

farmer

(14) Number of children born to
mother, including present birth

8

(15) Number of children of this mother
now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(17) (Signature)

Born alive

(18) (Date)

(19) (Time)

(20) (Signature)

(21) State whether Physician or Midwife

(22) Address of Physician or Midwife

Given name added from a supplement-
al report

(23) Witness

(Signature of Witness necessary only
when question 22 is signed by nurse)

(24) Date

3-22-23

(25) Time

10 P.

(26) Name

L. E. Bennett

(27) Address

Govan Se

(28) City

Se

(29) State

S.C.

(30) Registrar

When there was no attending physician or midwife, then the father, householder or other person present at the birth of the child, if a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.