

(1) PLACE OF BIRTH

County of MarionTownship of Wahl

Inc. Town of

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

41735

Registration District No. 33.9.7. Registered No. 4.3
(For use of Local Registrar)(2) Full Name of Child Matthea Agnes Bennis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Bennis

(9) PRESENT POSTOFFICE OF FATHER George Town S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE George Town S.C.

(13) OCCUPATION Saw mill Laborer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ida May Crawford

(16) PRESENT POSTOFFICE OF MOTHER Dee Dee S.C.

(17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY 20 (Year)

(19) BIRTHPLACE Marion Co S.C.

(20) OCCUPATION House work

(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 Born alive at 4. P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Virginia James

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Dee Dee S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 12, 1924 (28) J. L. Dill 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.

MARION COUNTY, SOUTH CAROLINA, 1923. THIS FORM IS A PRELIMINARY REPORT. WHEN PLACED IN THE OFFICE OF THE REGISTRAR, IT IS A FINAL REPORT. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER. IT IS THE PROPERTY OF THE REGISTRAR AND IS TO BE DESTROYED AFTER THE RECORDS HAVE BEEN MADE THEREOF.