

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of.....  
 or  
 City of Greenville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18808

Registration District No. 2209 Registered No. 2209  
 (For use of Local Registrar)

(No. 143 City View St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1 1911  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Robert Benson  
 (9) PRESENT POSTOFFICE OF FATHER 143 City View St. Greenville SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)  
 (12) BIRTHPLACE Greenville SC  
 (13) OCCUPATION Householder  
 (20) Number of children born to mother, including present birth 9

MOTHER  
 (14) NAME BEFORE MARRIAGE Martha Benson  
 (15) PRESENT POSTOFFICE OF MOTHER Home  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Greenville SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at home on the date above stated. (Born alive or at birth) (Hour A. M. or P. M.)

(23) (Signature) Robert Benson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 15 1911 (28) A. J. M. M. M. 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.

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