

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
 Township of Waverly
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87594

Registration District No. 4102 Registered No. 134
 (For use of Local Registrar)

(2) Full Name of Child Johnson Benjamin

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? no (7) DATE OF BIRTH Nov 10 16
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cesar William
 (9) PRESENT POSTOFFICE OF FATHER Waverly S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Benjamin
 (15) PRESENT POSTOFFICE OF MOTHER Waverly S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm Hand
 (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 alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susanna Benjamin
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waverly S.C.

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 11-13 1916 (28) W. J. Shuman 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.