

Form No. 1.

MARGIN RESERVED FOR BINDING.

WHITE 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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Amherst
Township of Waynesville
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. 4102Registered No. 134
(For use of Local Registrar)

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

(2) Full Name of Child Johnsen Benjamin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Nov 10 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cesar William(9) PRESENT POSTOFFICE OF FATHER Waynesville SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18 (Years)(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 Waynesville S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(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) Isaac Benjamin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11-13 1916 (28) W. J. Shumate 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.