

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Paris Mh.

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

90156

Registration District No. 2214Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child Benjamin Lee Landreth

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? Yes(7) DATE OF BIRTH Dec 3 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Franklin Landreth(9) PRESENT POSTOFFICE OF FATHER Travellers Rest SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE Pennsylvania Co NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Antie Elizabeth Balon(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 16

(Years)

(18) BIRTHPLACE Greenville Co SC(19) OCCUPATION at home(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 6:10 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. B. Hester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Travellers Rest SC

Given name added from a supplemental report

, 191....

Registrar

(26) Witness

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

(27) Filed Dec 15 1916

(28)

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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