

(1) PLACE OF BIRTH

County of Greenville  
Township of Paris Mt.  
OR  
Inc. Town of .....  
OR  
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. 2214 Registered 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? No (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 3 1916  
To be answered only in event of Twins or Triplets (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 Pensylvania 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) Chas. H. Benson  
(24) State whether Physician or Midwife MD (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) John B. Hester 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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REG. DIV. OF COLUMBIA FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.