

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. - For State Registrar Only	
County of <u>Berkeley</u>		STATE OF SOUTH CAROLINA		88575	
Township of <u>1st St. Stephen</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>7.05</u>		Registered No. <u>77</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Simon Bennett</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 6 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Andrew Bennett</u>			(14) NAME BEFORE MARRIAGE <u>Annie Sumter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pineville, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pineville, SC</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Berkeley Co.</u>			(18) BIRTHPLACE <u>Berkeley Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8</u> P. M., on the date above stated. (Born <u>alive or stillborn</u>) (Hour A. M. or P. M.)					
(23) (Signature) <u>Saturne Mc Crae</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Pineville, SC</u>					
Given name added from a supplemental report			(26) Witness <u>R. M. Boykin</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>Nov-23-1916</u> (28) <u>R. M. Boykin</u> 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.					