

## (1) PLACE OF BIRTH

County of BambergTownship of Beaufort Bridgeor  
Inc. Town of Alamor  
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  
**63103**Registration District No. 401 Registered No. 56

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Forrest Blanton Bessinger 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 Yes (7) DATE OF BIRTH June 12, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elijah D. Bessinger(9) PRESENT POSTOFFICE OF FATHER Alam S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Alam S.C.(13) OCCUPATION Bookkeeper(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Francis E. Blanton(15) PRESENT POSTOFFICE OF MOTHER Alam S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Ridge Springs S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Bessinger(24) State whether Physician or Midwife (25) Address of Physician or Midwife Alam S.C.

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 June 15, 1916 (28) E. B. Bessinger 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.

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.