

(1) PLACE OF BIRTH

County of Barnwell
 Township of Baldock
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

75746

Registration District No. 502 Registered No. 53
 (For use of Local Registrar)

(2) Full Name of Child Perry Mason Bennett { 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 8/19, 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Kirk K Bennett

(14) NAME BEFORE MARRIAGE Jessie Low Williams

(9) PRESENT POSTOFFICE OF FATHER Baldock S.C.

(15) PRESENT POSTOFFICE OF MOTHER Baldock S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Allendale S.C.

(18) BIRTHPLACE Allendale S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julian G. Garner

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Baldock SC

Given name added from a supplemental report

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

(27) Filed ... 1916 (28) F. H. ... 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.