

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2.

(1) PLACE OF BIRTH

County of Pickens
 Township of
 OF
 Inc. Town of
 OF
 City of Early (No. St.; Ward)
 (If birth occurred 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

4917

Registration District No. 27-a

Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child

Charles Bennett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 25 1923
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry A. Bennett

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Blacksmith

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Lena Finley

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5:05 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. J. ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Early S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed "Mark")

(27) Filed Mar. 3, 1923 (28) W. J. ... 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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