

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of NorthInc. Town of NorthCity of North

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9310

Registration District No. 4166Registered No. 26
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of street and number.

(2) Full Name of Child Julian Bennett

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 25, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Jack Bennett</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Rembert & Co</u>	
(10) COLOR OR RACE <u>negro</u>	
(12) BIRTHPLACE <u>Spartanburg</u>	
(13) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Myra Summers</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert & Co</u>	
(16) COLOR OR RACE <u>negro</u>	
(18) BIRTHPLACE <u>Spartanburg</u>	
(19) OCCUPATION <u>housewife</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 alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wancy Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 25, 1922(28) N. C. Hasler

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.