

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Northey Creek
 or
 Inc. Town of _____
 or
 City of _____

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. 41166Registered No. 20
(For use of Local Registrar)

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

(2) Full Name of Child Julian 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mich. 21, 1922
To be answered only in event of Twin or Triplet (Year) (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jack Bennett</u>	(14) NAME BEFORE MARRIAGE <u>Myra Summers</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Rembert & C</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert & C</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(12) BIRTHPLACE <u>Sumter Co</u>	(18) BIRTHPLACE <u>Sumter Co</u>	(19) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</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 Rembert & C

Given name added from a supplemental report

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

(27) Filed Mich. 25, 1922 (28) A. C. Hasler
 Registrar 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.

BE CAREFUL WITH THE USE OF THIS FORM. IT IS NOT TO BE USED IN CASES OF STILLBIRTHS OR CASES OF CHILDREN BORN DEAD. IN SUCH CASES, USE FORM NO. 2, "CERTIFICATE OF STILLBIRTH." IN CASES OF CHILDREN BORN ALIVE, USE FORM NO. 1, "CERTIFICATE OF BIRTH." IN CASES OF CHILDREN BORN ALIVE, USE FORM NO. 1, "CERTIFICATE OF BIRTH." IN CASES OF CHILDREN BORN ALIVE, USE FORM NO. 1, "CERTIFICATE OF BIRTH."