

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Buffalo
 or
 Inc. Town of

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

No. for this Register
14545

Registration District No. 2700 Registered No. 35
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OR GENDER Girl (4) Type or Figure To be entered only in case of Twins or Triplets (5) Number in order of birth 10 (6) Are Twins or Triplets? No (7) DATE OF BIRTH June 6, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Alex Bennett
 (9) PRESENT POSTOFFICE OF FATHER Yorktown S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5th (4)

MOTHER.
 (15) NAME BEFORE MARRIAGE Yanney Denzie
 (16) PRESENT POSTOFFICE OF MOTHER Yorktown S.C.
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 18
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 7 (6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)
 (24) State whether

(25) Address of Physician or Midwife
E. J. Brown
Yorktown S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed by birth) MAY 1923
 (27) Filed 1923 (28) Registrar J. H. B. B. B.

*When there was no attending physician or midwife, then the father, head of household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. This report is desired of stillbirths before the fifth month of pregnancy.