



South Carolina
CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
 Bureau of Vital Statistics

Registered No. 5687-6

PLACE OF BIRTH

County Aiken Co Militia District (Number and Name) _____ State of Georgia
 City or Town Warrenton, S.C. Ward _____ NON-RESIDENT (Yes or No) _____
 Street and Number (No.) _____ (Street) _____

(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD Benjamin Thomas

3. SEX Male 6. LEGITIMATE? Yes (Are parents married?)
 7. BORN Aiken on 3-18- 1923 at 8 AM
 (Alive or Dead) (Month, Day, Year) (Hour)

4 and 5. If plural birth indicate with check (✓) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) 0 TRIPLET No. (1, 2 or 3) 0 QUADRUPLLET No. (1, 2, 3 or 4) 0

8. FULL NAME OF FATHER Joel B. Feagin
 9. RESIDENCE Warrenton, S.C.
 10. COLOR or RACE White 11. AGE at last birthday 28 (years)
 12. BIRTHPLACE Aiken Co. S.C.

14. FULL MAIDEN NAME OF MOTHER Ronie Tuleba
 15. RESIDENCE Warrenton, S.C.
 16. COLOR or RACE White 17. AGE at last birthday 21 (years)
 18. BIRTHPLACE Greenville S.C.

13a. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none habitually to work
 13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. _____

19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc. housewife
 19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc. _____

20. Number of children born alive to this mother, not counting this birth one 21. Number of children of this mother living, not counting this birth one 21a. Number of stillbirths of this mother, not counting this birth 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) Yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE
 (Signed) _____ Midwife
 (Address) _____
 Date _____ 19____

PHYSICIAN
 (Signed) [Signature] M.D.
 (Address) _____
 Date 3-20-23 19____

(Given name of child added from a supplemental report)

FILED. Date _____ 19____
 (Signed) _____
 (Local Registrar)

Date _____ 19____
 (Signed) M. B. Woodward, M.D.
 (Registrar)