

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of CherokeeCity of Cherokee

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

(2) Full Name of Child Angela Eugene Benson(3) SEX OR
GENDER girl(4) Twin
or Triplet X(5) Number in
order of birth 1st(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Feb 2 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Ernest Benson(9) PRESENT
POSTOFFICE
OF FATHER Madison St Only SC(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 31

(Years)

(12) BIRTHPLACE Burke Co(13) OCCUPATION Mill hand

MOTHER.

(14) NAME BEFORE
MARRIAGE Bessie Ackerman(15) PRESENT
POSTOFFICE
OF MOTHER Madison St Only SC(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 24

(Years)

(18) BIRTHPLACE Cottoville SC(19) OCCUPATION House wif(20) Number of children born to
mother, including present birth 5(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.(23) (Signature) H. S. Schaefer(24) State whether Physician or Midwife(25) Address of Physician or Midwife Cherokee SCGiven name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 3-1-22

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(28)

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.