

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of H. Paul
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29715

Registration District No. 1311Registered No. 73
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Bennett
 (9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42
 (Year) (12) BIRTHPLACE Clarendon S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Jefferson
 (15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 29
 (Year) (18) BIRTHPLACE Clarendon S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Delia Manning

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Henry King

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

(27) Filed Sept 20 1923

(28)

J. Henry King Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.