

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28715

Registration District No. 3ARegistered No. 379

(For use of Local Registrar)

(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 Ruth Bennett

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? L (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Sept. 27, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Bennett(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Levota Pickens(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Domestic(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 at 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Pruitt(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) F. B. CRAYTON,

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., shall 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.

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