

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Antioch

Inc. Town of .....

City of .....

Birth occurs in a hospital or other institution, give name of same instead of street and number.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1313

File No.—For State Registrar Only

37887Registered No. 54  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Mary M. Benton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 10 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

William Benton

(9) PRESENT POSTOFFICE OF FATHER

Jordan S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 55  
(Years)

(12) BIRTHPLACE

Clarendon Co

(13) OCCUPATION

Farmer

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

Nine

## MOTHER

(14) NAME BEFORE MARRIAGE

Catherine Wright

(15) PRESENT POSTOFFICE OF MOTHER

Jordan S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 39  
(Years)

(18) BIRTHPLACE

Clarendon Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Isabella Bennett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jordan 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 Oct 13 1922

(28)

Offsite  
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.