

(1) PLACE OF BIRTH

County of AndersonTownship of Folkor
Inc. Town ofor
City of

(If 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

File No.—For State Registrar Only

28789

Registration District No. 305 Registered No. 103

(For use of Local Registrar)

2) Full Name of Child..... If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) Sept (Day) 2 (Year) 22

FATHER.

(3) FULL NAME

Kirk Benson

(9) PRESENT POSTOFFICE OF FATHER

Laurville SC

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Hessie Benson

(15) PRESENT POSTOFFICE OF MOTHER

Laurville SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Hobson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed Oct 1/22 191² (28) J. T. Hallam 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.

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