

File No.—For State Registrar Only  
76090

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Christ Church Parish  
 or  
 Inc. Town of .....  
 or  
 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

Registration District No. 901 Registered No. ....  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 28 1916</u>
<small>To be answered only in event of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

FATHER.

(8) FULL NAME Louis Bennett

(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Georgetown S.C.

(13) OCCUPATION Sagging

(20) Number of children born to mother, including present birth ..... 1.....

MOTHER.

(14) NAME BEFORE MARRIAGE Georgie Wright

(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION Wring

(21) Number of children of this mother now living, including present birth ..... 1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) ..... Rebecca Mitchell

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

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed Nov 20 1916 (28) J. J. Hancock  
 Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.

\*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.