

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in questions 6

(1) PLACE OF BIRTH  
 County of Christenfeld  
 Township of Chenard  
 OF  
 Inc. Town (d.)  
 OF  
 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  
**23941**

Registration District No. 1291 Registered No. 86,87  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 13 1923</u> (Name of Month) (Day) (Year)
<b>FATHER</b>		<b>MOTHER</b>		
(8) FULL NAME <u>Blaney Bingham</u>		(14) NAME BEFORE MARRIAGE <u>Ellen Cassidy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Chenard S C</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Chenard S C</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>S C</u>		(18) BIRTHPLACE <u>S C</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer laborer</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary S. Johnson  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Christenfeld Chenard S C

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

(27) Filed Aug 15 1923 (28) P. J. Ingram Local Registrar

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 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.