

(1) PLACE OF BIRTH

County of

Lancaster
Township of *Cedar Creek*
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77783

Registration District No. *2802*Registered No. *58*
(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

Standard Lauren Benson

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Age Parents Married?

yes

(7) DATE OF BIRTH

Sep 10 1910

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Johnson Benson

(9) PRESENT POSTOFFICE OF FATHER

Heath Springs

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Lancaster

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Reed

(15) PRESENT POSTOFFICE OF MOTHER

Heath Springs

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Lancaster

(19) OCCUPATION

Farmwork

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Gincy Benson*

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife

midwife *Heath Springs*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sep 15 1910

(28)

M. J. Leauther

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.

MARGIN RESERVED FOR FINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE THANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGRAW HILL, COLUMBIA, S. C.