

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 6.

(1) PLACE OF BIRTH

County of Greenwood
Township of Hodges....
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2307

File No.—For State Registrar Only

85925

Registered No. 49
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lavia Benjamin

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Benjamin
(9) PRESENT POSTOFFICE OF FATHER Hodges, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22.....
(12) BIRTHPLACE Hodges, S.C.
(13) OCCUPATION Section hand
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Edwards
(15) PRESENT POSTOFFICE OF MOTHER Hodges, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21.....
(18) BIRTHPLACE Hodges, S.C.
(19) OCCUPATION Housewife
(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 white..... at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Young
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hodges, 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 Dec 6, 1916 (28) 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.