

(1) PLACE OF BIRTH

County of Florence
 Township of Cartersville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

72708

Registration District No. 2002 Registered No. 1169
 (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 Leonil Luana Benjamin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? W (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 16 of Aug. 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Benjamin
 (9) PRESENT POSTOFFICE OF FATHER Cartersville, Ga.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY April 2, 1916
 (12) BIRTHPLACE W. A. 30
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bayshell Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Cartersville, Ga.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Leonil Jackson Cartersville, Ga. midwife

Given name added from a supplemental report

(26) Witness Emma L. Jackson
 (Signature of Witness necessary only when question 23 is signed by mark)

..... 1916

(27) Filed Aug 28, 1916 (28) W. L. Haggie
 Registrar 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 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.