

Form No. 1

(1) PLACE OF BIRTH

County of Sumner  
 Township of Shilo  
 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  
**70637**

Registration District No. 4-107 Registered No. 77  
 (For use of Local Registrar)  
 (No. of same 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 Benjamin Talwood

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH June 14 1916  
To be answered only in event of Twins or Triplets  
(Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Abdridge Talwood  
 (9) PRESENT POSTOFFICE OF FATHER Shilo S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER  
 (14) NAME BEFORE MARRIAGE Lena Patton  
 (15) PRESENT POSTOFFICE OF MOTHER Shilo S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 at Shilo S.C. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Benjamin Talwood  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shilo S.C.

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

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

(27) Filed 7-22-1916 (28) [Signature] 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.  
 WHITE 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.  
 McCraw, of Columbia.

Only  
 Registrar)  
 Ward)  
 make  
 eted  
 1916  
 (Year)  
 [Handwritten notes and signatures on the right margin]