

MARGIN RESERVED FOR BINDING.
 WHITE PAPER, WITH IMPRINTING THEREON, IS A PERMANENT RECORD.
 WHEN ALL CHILDREN ARE BORN HAVE IN-NAME FOR EACH CHILD, and mark the
 N. B. - In case of stillbirths, as 4. the other, No. 2, etc. in question 6.

(1) PLACE OF BIRTH
 County of Chesapeake
 Township of Johns Island
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name same instead of street and number.)
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 905
 Registered No. 13
 (For use of Local Registrar)

File No. - For State Registrar Only
3488

(2) Full Name of Child Cora Benckham
 (If child is not yet named, make supplemental report as directed.)
 (3) BOY OR GIRL? _____
 (4) Twin or Triplet? _____
 (5) Number in order of birth _____
 (6) Age Parents Married? _____
 (7) DATE OF BIRTH Feb 18 1920
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Illegal</u>	(14) NAME BEFORE MARRIAGE <u>Julia Benckham</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Johns Island</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Johns Island</u>
(10) COLOR OR RACE _____	(11) AGE AT LAST BIRTHDAY _____ (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)
(12) BIRTHPLACE _____	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Johns Island</u>	(20) OCCUPATION <u>Farmer</u>
(13) OCCUPATION _____	(21) Number of children of this mother now living (including present birth) <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn)
 on the date above stated.
 (23) (Signature) Moses Peterson
 (24) State whether Physician or Midwife _____
 (25) Address of Physician or Midwife Johns Island
 (26) Witness _____
 (27) Filed Feb 20 1920 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.