

## (1) PLACE OF BIRTH

County of CherokeeTownship of Northor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1310

File No.—For State Registrar Only

31741

Registered No. 74  
(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 William

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 Yes

(7) DATE OF

BIRTH Sept 28 1920  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Ernie Bennett(9) PRESENT POSTOFFICE OF FATHER Union(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE Union(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Rebecca(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Union(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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Union

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 28 1920

(28)

(29) 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.