

FORM NO. 3

(1) PLACE OF BIRTH

County of Lee

Township of Apples

or
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

1916-38

Registration District No. 3001 Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child Genie Bennis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Carl Bennis</u>	(14) NAME BEFORE MARRIAGE <u>Sadie Saunders</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lanora</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lanora</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Wol</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Darlington</u>	(18) BIRTHPLACE <u>Darlington</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. 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 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 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.

MASSACHUSETTS ENDING. 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