

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Stalburg  
 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

32513

Registration District No 4109 Registered No. 49  
 (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 Rebecca Ann Bennenhal child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? Single (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Moses Bennenhal(9) PRESENT POSTOFFICE OF FATHER Hahell St.(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 27  
 (Years)(12) BIRTHPLACE Sumter Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Susan Ann Martha Bennenhal(15) PRESENT POSTOFFICE OF MOTHER Hahell St.(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 20  
 (Years)(18) BIRTHPLACE Sumter Co.(19) OCCUPATION farm laborer(20) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Moses Bennenhal

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

Given name added from a supplemental report

(26) Witness Miss Mairie Sanders  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 9 1922 (28) Bay Sanders  
 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.

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.

MADE IN COLUMBIA, COLUMBIA S. C.