

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Maysville

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16883

Registration District No. 4102Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Alex Benjamin

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

(3) BOY OR GIRL? 1(4) Twin or Triplet? True

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year) March 1 22

FATHER.

(8) FULL NAME

Sam Fulwood

(9) PRESENT POSTOFFICE OF FATHER

Maysville SC

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Iron

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Benjamin

(15) PRESENT POSTOFFICE OF MOTHER

Maysville SC

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

8

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kate Kelly(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Maysville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 10 22

(28)

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 REMOVED FOR BINDING. WRITER PLEASE: FADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, REPLICATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.