

IF A PERMANENT RECORD IS MADE OF THIS BIRTH, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-CHILD, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Waxhaw  
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

15554

Registration District No. 2807

Registered No. 17  
(For use of Local Registrar)

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

(2) Full Name of Child Buelah May Benjamin  
(If child is not named, make supplemental report as directed)

(3) Boy OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH May 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jno. Benjamin  
(9) PRESENT POSTOFFICE OF FATHER Riverside S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48  
(12) BIRTHPLACE Lancaster  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Blake  
(15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE Lancaster Co.  
(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Jane Steward  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Riverside

Given name added from a supplemental report

(26) Witness J. P. Steward  
(Signature of Witness necessary only when question 23 is signed by mark)

B. J. Richardson (27) Filed May 22 (28) B. J. Richardson  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.