

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**53912**

Inc. Town of ..... Registration District No. H.P.S. Registered No. 36  
(For use of Local Registrar)  
City of ..... (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. Joe Benjamin, Jr. } If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar, 4, 1916  
(Name of Month) (Day) (Year)

FATHER.  
1) FULL NAME Benjamin, Sr.  
2) PRESENT POSTOFFICE OF FATHER Dulzell, S.C.  
3) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 46 (Years)  
4) BIRTHPLACE S.C.  
5) OCCUPATION Farmer  
6) Number of children born to mother, including present birth 4

MOTHER.  
14) NAME BEFORE MARRIAGE Judie Cabbagstall  
15) PRESENT POSTOFFICE OF MOTHER Dulzell, S.C.  
16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Years)  
18) BIRTHPLACE S.C.  
19) OCCUPATION Domestic  
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 live, at 10 - a - m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Providence, S.C.

Given name added from a supplemental report  
..... 191....  
..... Registrar

(26) Witness Miss C. A. ...  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 13, 1916 (28) B. M. Laughlin 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.

\*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.

THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR FOR FIVE YEARS FROM THE DATE OF BIRTH AND TO BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN CASE OF DEATH, THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR FOR FIVE YEARS FROM THE DATE OF DEATH AND TO BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

McGraw