

(1) PLACE OF BIRTH

County of

Township of

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

18181

Registration District No. 1203

Registered No. 45
(For use of Local Registrar)(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 Wabil Bennett (If child is not yet 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 July 2
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

W D Bennett

(14) NAME BEFORE MARRIAGE

Clayhidard

(9) PRESENT POSTOFFICE OF FATHER

Chesapeake

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

black(11) AGE AT LAST BIRTHDAY 35
(Years)

(16) COLOR OR RACE

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

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

farmer

(19) OCCUPATION

farmer

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

1

(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 June 4 at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia S. S. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 8 1922. (28) M. S. S. 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.